DOCUMENT RESUME

ED 436 608 UD 033 212

TITLE	A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning. Technical Assistance Sampler.
INSTITUTION	California Univ., Los Angeles. Center for Mental Health in Schools.
SPONS AGENCY	Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau.
PUB DATE	1999-00-00
NOTE	247p.
AVAILABLE FROM	School Mental Health Project/Center for Mental Health in Schools, Dept. of Psychology, Los Angeles, CA 90095-1563; Tel: 310-825-3634; Web site: <http://smhp.psych.ucla.edu>.
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC10 Plus Postage.
DESCRIPTORS	Educational Change; Elementary Secondary Education; *Intervention; *Learning; Models; *Outcomes of Education; Program Descriptions; Program Development; Program Effectiveness; *Program Implementation

ABSTRACT

The purpose of this sampler is to highlight the promise of interventions that might be of use to schools as they design major reforms to address barriers to student learning. The document can also be a resource guide for anyone looking for outcome data to guide work in any of the specific areas sampled. A framework for a comprehensive, multifaceted, and integrated approach has been used to organize the sampler of interventions. This framework contains six areas that encompass interventions to: (1) enhance classroom-based efforts to enable learning; (2) provide prescribed student and family assistance; (3) respond to and prevent crises; (4) support transitions; (5) increase home involvement in schooling; and (6) reach out for greater community involvement and support. A section for each of these approaches contains a summary analysis of the state of the art related to the area of interest and a table outlining the sample of interventions and outcome findings. Six appendixes contain information about the programs, interventions, and studies described in each of these areas. Approximately 200 programs are described. (SLD)

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Technical Assistance Sampler

A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning

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Address: Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563
Phone: (310) 825-3634 FAX: (310) 206-8716 Email: smhp@ucla.edu
Website: http://smhp.psych.ucla.edu

UD033212

Support comes in part from the Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health.

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UCLA CENTER FOR MENTAL HEALTH IN SCHOOLS*

Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA, our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community programs.

MISSION: *To improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.*

Through collaboration, the center will

- **enhance practitioner roles, functions and competence**
- **interface with systemic reform movements to strengthen mental health in schools**
- **assist localities in building and maintaining their own infrastructure for training, support, and continuing education that fosters integration of mental health in schools**

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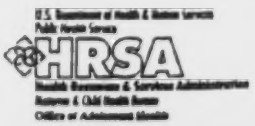
Co-directors: Howard Adelman and Linda Taylor
Address: UCLA, Dept. of Psychology, 405 Hilgard Ave., Los Angeles, CA 90095-1563.
Phone: (310) 825-3634 FAX: (310) 206-8716 E-mail: smhp@ucla.edu
Website: http://smhp.psych.ucla.edu/

*In 1996, two national training and technical assistance centers focused on mental health in schools were established with partial support from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health. As indicated, one center is located at UCLA; the other is at the University of Maryland at Baltimore and can be contacted toll free at 1-(888) 706-0980.



What is the Center's Clearinghouse?

The scope of the Center's Clearinghouse reflects the School Mental Health Project's mission -- to enhance the ability of schools and their surrounding communities to address mental health and psychosocial barriers to student learning and promote healthy development. Those of you working so hard to address these concerns need ready access to resource materials. The Center's Clearinghouse is your link to specialized resources, materials, and information. The staff supplements, compiles, and disseminates resources on topics fundamental to our mission. As we identify what is available across the country, we are building systems to connect you with a wide variety of resources. Whether your focus is on an individual, a family, a classroom, a school, or a school system, we intend to be of service to you. Our evolving catalogue is available on request; eventually it will be accessible electronically over the Internet.

What kinds of resources, materials, and information are available?

We can provide or direct you to a variety of resources, materials, and information that we have categorized under three areas of concern:

- Specific psychosocial problems
- Programs and processes
- System and policy concerns

Among the various ways we package resources are our *Introductory Packets, Resource Aid Packets, special reports, guidebooks*, and *continuing education units.* These encompass overview discussions of major topics, descriptions of model programs, references to publications, access information to other relevant centers, organizations, advocacy groups, and Internet links, and specific tools that can guide and assist with training activity and student/family interventions (such as outlines, checklists, instruments, and other resources that can be copied and used as information handouts and aids for practice).

Accessing the Clearinghouse

- E-mail us at **smhp@ucla.edu**
- FAX us at (310) 206-8716
- Phone (310) 825-3634
- Write School Mental Health Project/Center for Mental Health in Schools, Dept. of Psychology, Los Angeles, CA 90095-1563

Check out recent additions to the Clearinghouse on our Web site
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All materials from the Center's Clearinghouse are available for a minimal fee to cover the cost of copying, handling, and postage. Eventually, we plan to have some of this material and other Clearinghouse documents available, at no-cost, on-line for those with Internet access.

If you know of something we should have in the clearinghouse, let us know.

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We realize that each individual and organization requesting technical assistance has unique and special informational needs. To accommodate this diversity, we are developing samplers to provide immediate information on a variety of resources and how to access them.

In compiling samplers, we conduct a search of agencies, organizations, the Internet, relevant programs, and library resources. Then, we select a sample of diverse resources -- including resources that are themselves links to other resources and information. We also provide information on how to access other knowledgeable individuals who are ready to offer assistance. All resources listed are relatively easy to access through libraries, by phone, or over the Internet. If you are not yet connected to the Internet, hopefully you have access through work, a local library, or a friend.

We hope that the attached sampler is sufficient to meet your needs. However, should you require further help, please let us know. And should you know of something you think we should add, let us know this as well.

A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning

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PREFACE

We all know that public schools are under constant attack because of poor outcomes. There is tremendous pressure on policy makers and practitioners to reform and restructure schools in ways that quickly increase student achievement test averages. That pressure has resulted in major changes in curricula and the way knowledge is aquired and skills are taught. Significant alterations also are being made in the way school resources are managed and governed. Unfortunately, data to guide reforms are sparse. Thus, policy makers and practitioners are caught in a conundrum. They want to adopt proven practices, but available data, at best, only suggest promising directions. Moreover, the best practices may not yet have been identified, nevermind formally evaluated. This is especially the case for approaches used to address barriers to student learning.

Despite all the efforts to improve schools, little attention has been paid to reforming and restructuring school-based and linked activities focused on various factors that interfere with youngsters' performance and learning. Programs and services to address such factors have emerged in a piecemeal manner with funding designated categorically. The result has been widespread fragmentation and continuing marginalization of intervention planning, implementation, and evaluation.

In a few places, schools are beginning to face up to the need for reform related to addressing barriers to student learning. In doing so, they are moving toward comprehensive, multifaceted, and integrated approaches that involve major rethinking of intervention strategies and large-scale systemic restructuring. These pioneering efforts cannot be based on proven practices; they must justify new directions by extrapolating from the available literature. For the most part, this means drawing inferences from interventions, evaluations, and outcome data that are extremely limited in nature and scope.

The purpose of this sampler is to highlight the promise of interventions that might be of value to schools as they design major reforms to better address barriers to student learning. To accomplish this in ways that support the trend away from piecemeal interventions, a framework for a comprehensive, multifaceted, and integrated approach has been used to organize our sampling of interventions. This document can also be used as a resource aid by anyone looking for outcome data to guide and justify work in any of the specific areas sampled.

This sampler is a work in progress. We invite you to inform us of other major findings that should be included in subsequent revisions. (Also, let us know if we have cited work that doesn't warrant inclusion.)

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I. Introduction:

The Importance of Outcomes and Caveats about Outcome Evaluation

How effective is the intervention?

Do you have data to support that approach?

Where's your proof?

These questions are so logical and simple to ask. The problem is that such questions imply that relevant data are easy to gather, and so if data aren't available, the intervention must be ineffective. Usually ignored by the questioners are the many complexities associated with valid and ethical evaluation of major mental health and psychosocial problems.

Finding out if an intervention is any good is a necessity. But in doing so, evaluation is not simply a technical process. The processes involve decisions about what to measure and how to measure it, and these decisions are based in great part on values and beliefs. As a result, limited knowledge, bias, vested interests, and ethical issues constantly influence the descriptive and judgmental processes and shape the decisions made at the end of the evaluation. Ultimately, the decisions made affect not only individuals but the entire society.

Every practitioner is aware of the importance of having data on *results*. All interveners want to be accountable for their actions and outcomes. But *it is* complicated.

Fundamental dilemmas stem from the limited validity and focus of available measures and the tendency for those demanding accountability to have inappropriate expectations that there can be rapid improvement even though youngsters and their families are experiencing severe and pervasive problems. Most widely sanctioned evaluation instruments are quite fallible. Moreover, they are designed to measure results that require a lengthy course of intervention, thereby giving short shrift to immediate benefits (benchmarks) that are essential precursors of longer-range improvements. Ironically, demands for accountability tend not to take responsibility for the negative consequences that formal assessment has on some participants. Accountability pressures increasingly require the gathering of a significant amount of data during the first session; many practitioners note that this practice interferes with building positive relationships and contributes to what is already too high an intervention dropout rate.

In pursuing comprehensive approaches, Michael Knapp (1995) stresses that researchers and evaluators confront extremely difficult challenges.

> *These challenges appear in the interaction of multiple professional perspectives, specification of independent and dependent variables, attribution of effects to causes, and sensitive nature of the programmatic treatment. Given limited knowledge about these complex interventions, they will best be understood through studies that are strongly conceptualized, descriptive, comparative, constructively skeptical, positioned from the bottom up, and (when appropriate) collaborative.**

The complexity also is emphasized by Sid Gardner (1999). He notes:

> *...outcomes can mean measures of the performance of a single program or broad measures of the community's well-being... We differentiate among six levels of outcomes: client, program, agency, system, cross-systems, and community....*

He then cautions that:

> *Outcomes development can be done wrong - both at program and at community levels. To mandate outcomes from top-down, without regard to the views of the workers and clients most directly affected, or to compel use of outcomes without regard for external factors that would affect an agency's ability to achieve outcomes, will both create negative reactions to outcomes as benchmarks for performance. We use two simple questions to frame these issues in our work with agencies and communities:*
>
> *1. What are fair measures of the work you do every day to help your clients?*
>
> *2. Who do you need to succeed? Which other agencies' resources need to be added to yours in order to achieve the outcomes you have set for your work?***

*M.S. Knapp (1995). How shall we study comprehensive, collaborative services for children and families? *Educational Researcher, 24,* 5-16.

**S. Gardner (1999), Beyond collaboration to results: Hard choices in the future of services to children and families. Pub. by the Arizona Prevention Resource Center & The Center for Collaboration for Children. (Contact info: Ph: (714) 278-3313 or visit http://hdcs.fullerton.edu/cc/index.htm)

On the following pages, Exhibits A and B provide examples of the types of outcomes that are relevant in evaluating efforts to address barriers to learning.

Exhibit A

A WIDE-RANGE OF OUTCOMES

In a seminal article on the evaluation of outcomes, Strupp and Hadley (1977)* stress how different the expectations of society and its institutions often are from those of individuals. Thus, it is imperative to understand accountability from the perspective of the various parties with special interests in the results of interventions. For our purposes in illustrating the range of outcomes that might be useful, we stress (a) the *society* in general and the *institution of schooling* in particular and (b) those specific *youngsters and their families* who are the direct focus of intervention efforts.

Accountability to Society and to the Institution of Schooling

Society looks at the following types of general indicators to evaluate whether efforts related to psychosocial and mental health concerns are paying appropriate dividends. (Note: Not included are indicators of negative effects that may accrue for any of the parties (e.g., the many psychological, social, and economic costs). Clearly, data on these matters are essential -- although they tend to be ignored in many so-called results-oriented demands for accountability.)

Accountability to Society
(to meet society's goals)

SAMPLE

Increases in
- >youth employment (ages 16-19)
- >readiness for adult employment

Reductions in
- >youth pregnancy
- >arrests/citations/probation violations
- >Sexually transmitted diseases
- >child abuse/neglect
- >emergency room use for mental health/psychosocial problems
- >youth foster care placements/homelessness
- >youth deaths

Accountability to a Specific Institution
(to meet the institution's goals)

OF DATA

e.g., schools

Increases in
- >academic achievement and grades
- >graduation rates
- >numbers taking college board exams
- >numbers continuing on with post-secondary education
- >attendance/decreased tardies

Reductions in
- >referrals for misbehavior/learning problems
- >numbers designated Learning Disabled/Emotionally Disturbed
- >numbers of dropouts

Accountability to Specific Client(s)
(to meet the personal goals of clients)

- >satisfaction with intervention
- >progress in addressing problems for which intervention was implemented (e.g., symptom reduction, increase in positive functioning)

*H.H. Strupp & S.M. Hadley (1977). A tripartite model for mental health and therapeutic outcomes with special reference to negative efforts in psychotherapy. *American Psychologist, 32,* 187-196.

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Accountability to Specific Youngsters and Families

- Those who work in school districts to provide programs and services related to psychosocial and mental health concerns also are accountable to the specific individuals they help. For individuals who must deal with major barriers, many outcome measures are only good indicators of progress after a lengthy period of multifaceted, comprehensive, integrated intervention. More immediate accountability indicators are needed to demonstrate progress related to objectives that are the current and direct focus of psychosocial and mental health interventions (e.g., reductions in symptoms; enhanced motivation and psychological and physical well-being). Because data on such specific objectives are not readily available, the problem of *generating* relevant data arises -- as do some serious dilemmas. Efforts to answer the following questions lead to an appreciation of the many problems and issues.

What are the right indicators?

Endless arguments arise over indicators when they are discussed in highly *specific* and *concrete* terms. At a more abstract level, there is considerable agreement around three general categories: (1) client satisfaction (the youngster; the family), (2) reduction in the youngster's symptoms/problem behaviors, and (3) increases in positive functioning (the youngster; the family).

How can appropriate specific and concrete indicators be identified for particular clients?

The dilemmas that arise here reflect the problem of "Who is the client?" -- the youngster? the family? a teacher who made the referral? Additional dilemmas arise because the various involved parties often have different perspectives regarding what problems should be addressed. (And, of course, the intervener may have even another perspective.) A reasonable compromise is to gather evaluative data related to (1) the specific symptoms and behavior problems that led to the referral, (2) any objectives that the client wants help in achieving, and (3) specific objectives that the intervener believes are warranted and that the client consents to add.

Exhibit B
Measuring Mental Health Outcomes

From: A. Rosenblatt and C.C. Attkisson (1993). A Brief Highlight from Assessing Outcomes for Sufferers of Severe Mental Disorder: A conceptual Framework and Review, *Evaluation and Program Planning, 16*, 347-363.

In light of the challenges facing the field of outcome research related to mental health services, a conceptual framework is presented to classify the outcomes of services for sufferers of severe mental disorders. This classification framework integrates 3 dimensions: (a) the respondent type, (b) the social context, and (c) the domain of treatment outcomes based on the need for multiple measures and approaches to measuring outcomes for persons suffering from servere mental disorders.

The conceptual framework consists of five respondent types (who), four behavioral/social contexts of measurement (where), and four domains of treatment outcomes (what) which are graphically represented in Figure 1:

Respondent types -- measures of outcomes must reflect a range of social perspectives: client, family, social, clinician, and scientist

Behavioral/social contexts of measurement -- measures must be taken in the context of all areas of functioning: individual/ self, family, work/school, community

Domains of treatment outcomes -- measures should cover all domains: clinical status, functional status, life satisfaction & fulfillment, safety & welfare

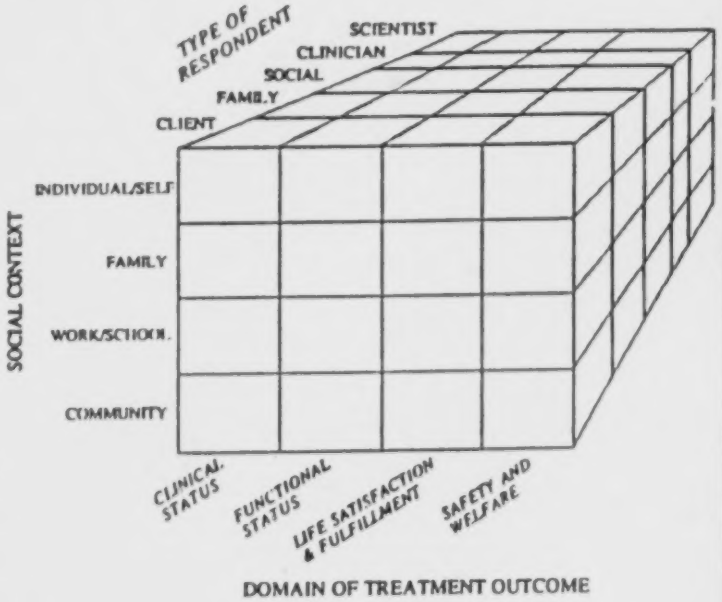

Figure 1. A model of the dimensions of outcome measurement for mental health services research.

This conceptual framework is useful in classifying and evaluating the usefulness of outcome measures, for example, who provides the data for the measure, what is the relevant social context, and what is the domain of treatment outcome?

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II. Outcomes in Broad Perspective: A Framework

In large school districts, one finds an extensive range of preventive and corrective activity oriented to students' problems. Some programs are provided throughout a district, others are conducted at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at-risk." The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals. The full range of topics arise, including matters related to promoting health, development, and minimizing the impact of psychosocial problems. It is common knowledge, however, that few schools come close to having enough resources to handle a large number of students experiencing barriers to learning. Most schools offer only bare essentials.

In our work,* we stress that a comprehensive set of programs to address barriers and enhance healthy development must be woven into the fabric of every school. Schools need to link all activity for enabling learning in ways that maximize use of limited school/community resources.

As illustrated on the following page, enabling activity can be clustered into six basic areas that address barriers to learning and enhance healthy development. The six areas encompass interventions to (1) enhance classroom-based efforts to enable learning, (2) provide prescribed student and family assistance, (3) respond to and prevent crises, (4) support transitions, (5) increase home involvement in schooling, and (6) outreach for greater community involvement and support -- including recruitment of volunteers. By working to develop a comprehensive, multifaceted, and integrated approach, every school can transform how communities and their schools address barriers to learning and enhance healthy development.

*See:

H.S. Adelman (1996) *Restructuring education support services: Toward the concept of an enabling component.* Kent, OH: American School Health Association.

H.S. Adelman & L. Taylor (1997). Addressing barriers to learning: Beyond school-linked services and full services schools. *American Journal of Orthopsychiatry*, 67, 408-421.

Center for Mental Health in Schools (1996). *Policies and practices for addressing barriers to student learning: Current status and new directions.* Los Angeles, CA. Available by contacting the Center at the Dept of Psychology, UCLA, Los Angeles, CA 90095-1563

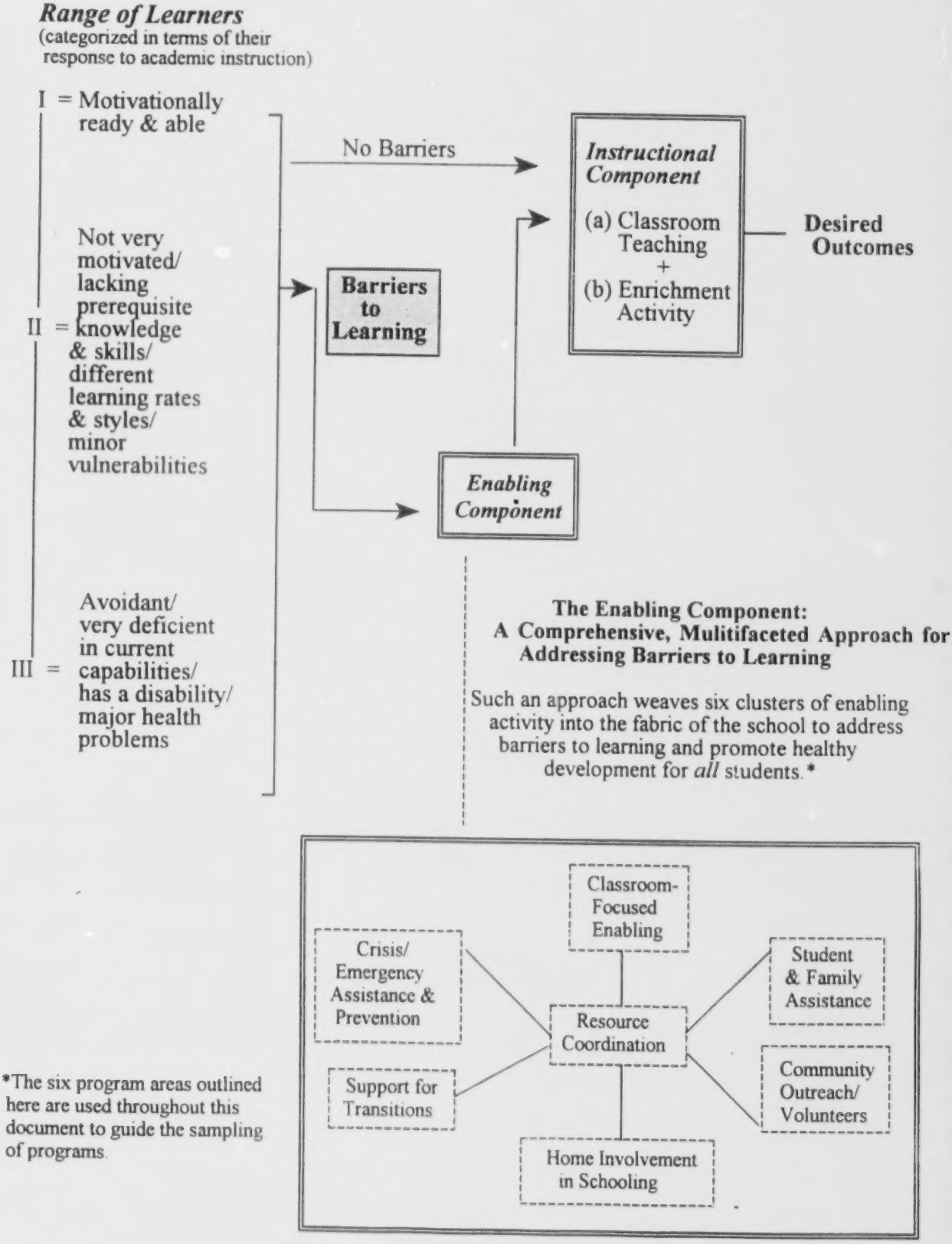
H.S. Adelman (1996). Restructuring education support services and integrating community resources: Beyond the full services school model. *School Psychology Review*, 25, 431-445.

H.S. Adelman & L. Taylor (1997). Toward a scale-up model for replicating new approaches to schooling. *Journal of Educational and Psychological Consultation*, 8, 197-230.

H.S. Adelman & L. Taylor (1998). Reframing mental health in schools and expanding school reform. *Educational Psychology, 33*, 135-152.

H.S. Adelman & L. Taylor (1999). Mental health in schools and system restructuring. *Clinical Psychology Review, 19*, 137-163.

Figure. Addressing barriers to student learning: A framework.


Range of Learners
(categorized in terms of their response to academic instruction)
I = Motivationally ready & able
II = Not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles/ minor vulnerabilities
III = Avoidant/ very deficient in current capabilities/ has a disability/ major health problems
No Barriers
Barriers to Learning
Instructional Component
(a) Classroom Teaching
+
(b) Enrichment Activity
Desired Outcomes
Enabling Component
The Enabling Component:
A Comprehensive, Mulitifaceted Approach for Addressing Barriers to Learning
Such an approach weaves six clusters of enabling activity into the fabric of the school to address barriers to learning and promote healthy development for all students.*
Classroom-Focused Enabling
Crisis/ Emergency Assistance & Prevention
Student & Family Assistance
Resource Coordination
Support for Transitions
Community Outreach/ Volunteers
Home Involvement in Schooling

*The six program areas outlined here are used throughout this document to guide the sampling of programs.

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As indicated in the preface, the purpose of this sampler is to highlight the promise of interventions that may be of value to schools as they design major reforms to better address barriers to student learning.

To accomplish this purpose in ways that support the trend away from piecemeal interventions, the preceding framework for a comprehensive, multifaceted, and integrated approach is used to organize our sampling of intervention efforts.

For each of the six areas outlined in the framework, several facets have been selected as specific arenas for considering outcome findings. These are presented in the following sections. In each section, we offer

- a brief summary analysis of the state of the art
- a table outlining the sample of interventions and outcome findings*

Summary descriptions and related information on the interventions are provided in the appendices.

*Most of the outcomes reported are those that can lead to academic improvements. In a few instances, enhancing grades and test scores already have been found. Where available, we include, in the tables, information about the length of the evaluation done on the project/program, the target population (e.g., age-level) that the program was designed for, and who/what the program was intended to change/impact (students, families, school staff, the school itself, and/or the community).

III. Outcomes Related to Six Major Facets of a Comprehensive Approach to Addressing Barriers to Learning

A. Classroom Focused Enabling

B. Support for Transitions

C. Student and Family Assistance Programs and Services

D. Crisis Assistance and Prevention

E. Home Involvement in Schooling

F. Community Outreach for Involvement and Support

A. Classroom-Focused Enabling

When a classroom teacher encounters difficulty in working with a youngster, the first step is to see whether there are ways to address the problem within the classroom and perhaps with added home involvement. Thus, the purpose of classroom-focused enabling is to enhance classroom-based efforts to enable learning by increasing teacher effectiveness for preventing and handling problems in the classroom. Work in this area requires programs for personalized professional development (for teachers and aides), systems to expand resources, programs for temporary out of class help, and programs to develop aides, volunteers, and any others who help in classrooms or who work with teachers to enable learning.* Through classroom-focused enabling programs, teachers are better prepared to address problems when they arise in the future. This is accomplished by providing mentoring to increase a teacher's array of strategies for working with a wider range of individual differences (e.g., through use of accommodative and compensatory strategies, peer tutoring and volunteers to enhance social and academic support, resource and itinerant teachers and counselors in the classroom). Two key aims are to increase mainstreaming efficacy and reduce the need for special services.

Our sampling in this area reviewed the following five forms of strategic intervention that have been among the most widely adopted efforts for enhancing immediate student performance in the classroom.

1. Small classes / small schools
2. Prereferral intervention efforts
3. Tutoring (e.g., one-to-one or small group instruction)
4. Alternative schools
5. Health/Mental Health Education
   a. Social Emotional Development, Enhancing Protective Factors, and Assets Building
   b. Promoting Physical Health

*The range of activity related to classroom-focused enabling is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the Art for Classroom-Focused Enabling

The outcome data we reviewed indicate that programs relevant to classroom-focused enabling do make a difference. Programs that reduce class size have been shown to increase academic performance and decrease discipline problems. There are also a number of programs that successfully intervene with learning or behavior problems in ways that reduce behavior problems and referrals for special assistance and special education. While there are many tutoring programs available in schools, and a growing number of alternative schools, few have been evaluated systematically. However, those studies have found positive effects on academic performance. Also, although cooperative learning activity was not covered here, such approaches are relevant to this area and have generated a positive body of evaluative data.*

In general, however, it is clear that not enough attention has been paid to teaching teachers how to design classroom environments and carry out instruction in ways that can have a positive impact on a wide range of learners. In particular, too many teachers are ill-equipped to respond to garden variety learning, behavior, and emotional problems using more than simplistic behavior management strategies. Until teachers are taught many ways to enable the learning of such students and schools develop school-wide approaches to assist teachers in doing this fundamental work, there can be no evaluation of the full impact of classroom-focused enabling.

*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.

Table A. Classroom - Focused Enabling

1. Small Classes/Small Schools					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Research Consensus	Synthesis of research over the last twenty years	4th through 12th grade students	Systemic changes	Beneficial effects of class size appear when there is between fifteen to twenty students. Those effects increase as class size decreases. Positive effects from the impact of class size reductions on the quality of classroom activity. Greater results for disadvantaged and minority students.	Increase in student achievement from fiftieth percentile to above sixtieth percentile.
b. Research on Impact of Student/Teacher Ratios	Varied	Various	Systemic changes	Teacher quality (i.e., teacher literacy skills and professional experience) are strongly related to higher student scores, with reduced student-teacher ratios contributing positively.	Achievement fell as student/teacher ratio increased for every student above an 18 to 1 ratio.
c. Review of Research	Varied (100 research studies)	Various	Systemic changes	Class-size reduction especially promising for disadvantaged and minority students. Positive effects less likely when instructional methods and classroom procedures are not improved as well.	Positive effects
d. Burke County Schools, NC	Three years	1st through 3rd grade	Systemic changes	Increased classroom time devoted to instruction (80% to 86%). Non-instructional activities such as discipline decreased 20% to 14%.	Students in smaller classes outperformed comparison groups on reading and math achievement tests.

* For more information on each program, project, or article, see Appendix A.

**Some mulitfaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

1. Small Classes/Small Schools (cont.)					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
e. Project STAR	Four years	Kindergarten through 3rd grade students	Systemic changes	Students in small classes scored higher on standardized tests than students in regular classes. Fewer number of students were retained in grade. Earlier identification of students' special education needs. A follow-up found that in 4th-grade, students from the small classes were better behaved and continued to do better in all subjects.	Better results on standardized and curriculum-based tests for both white and minority students.
f. Project Challenge	Four years	Kindergarten through 3rd grade students	Systemic changes	Utilized Project STAR findings. In-grade retention of students was reduced. Note: Implemented in 16 of Tennessee's poorest school districts	Project Challenge districts moved from near the bottom of district performance to near the middle for both reading and math in second grade.
g. Student Achievement Guarantee in Education (SAGE)	Four years	Kindergarten through 3rd grade students	Systemic changes	Class size reduction helped those participating perform consistently better than comparison students.	Math, reading, & language arts improved. Achievement gap lessened between white and African-American 1st-grade students.
h. Impact on Expenditures	One year	4th grade and 8th grade students	Systemic changes	Class size served as an important link between school education spending and student mathematics achievement. Best results in math occurred where below-average socioeconomic status students were in situations associated with above-average teacher costs.	Lower student/teacher ratios were positively related to higher math achievement. Largest effects were found with students of low SES.

* For more information on each program, project, or article, see Appendix A

**Some mulitfaceted programs have been include here as well as in Part IV

Table A. Classroom - Focused Enabling

2. Prereferral Intervention Efforts					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Teacher Consultation Studies	One year	Teachers and Students	Teachers	Teachers who had long term consultant-driven prereferral intervention with a student, referred fewer students to special education classes.	Fewer referrals to special education.
b. Child Development Project (CDP)	Two years	Elementary school students	Systemic changes	Higher implementation of program showed lower rates of truancy, weapons in the schools and vehicle theft.	Not cited
c. I Can Problem Solve (ICPS)	Follow up evaluation after one to four years	Students from pre-school to sixth grade with parent program	Student, family	Students learn *how* to think by using cognitive approaches. Boys and girls both scored better on impulsiveness, inhibition, and total behavior problems. Those trained in both kindergarten and first grade were the most well-adjusted group overall.	Not cited
d. Going for the Goal	Three years	Middle school students	Student, Special Curriculum	Compared to a control group, students who participated were able to achieve the goals they set. They had better school attendance, a decrease in alcohol use, smoking, other drug use, and problem behaviors.	Not cited
e. Effective Behavior Support (EBS)	One year	All students	Student	Provides behavioral support for students. It resulted in a decrease in referrals to the principal's office by 42% in the first year.	Not cited

* For more information on each program, project, or article, see Appendix A.

**Some mulitfaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

2. Prereferral Intervention Efforts (cont.)					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
f. Behavioral Monitoring and Reinforcing Program	Two years	Students	Students & Teachers	School-based, early intervention program based on prior work in behavior modification and teaching thinking skills. Positive effects were seen after students were in the program for two years. There was less substance abuse and criminal behavior by students in this program eighteen months later. Also, five years later, these students were 66% less likely to have a juvenile record.	Students in this program had significantly better grades and attendance by the end of the program.
g. Seattle Social Development Project	Evaluations at second, fifth, sixth and eleventh grades	Grade school and middle school, with parent training component	Students, Families, Staff	Lower levels of aggression and antisocial behaviors, self-destructive behaviors; Less alcohol and delinquency initiation; Increases in family management practices, communication, and attachment to family; More attachment and commitment to school; Less involvement with antisocial peers; Reduced involvement in violent delinquency, sexual activity, being drunk and drinking and driving.	None cited
h. The Think Time Strategy	1 year	Students and teachers	Systemic changes	Over 1 standard deviation effect size improvement in the social adjustment, academic performance, and school survival skills of highly disruptive students; 85% decrease in expulsions; 75% decrease in suspensions; and 45 percent decrease in emergency removals	Reports general academic improvement

* For more information on each program, project, or article, see Appendix A

**Some mulitfaceted programs have been include here as well as in Part IV

Table A. Classroom - Focused Enabling

3. Tutoring (e.g., one-to-one or small group instruction)					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Success for All	Multiple years	High-poverty Title I schools	Student	Significant increases in achievement. Long term positive effects. Positive results for bilingual and special education students.	CTBS scores exceeded control schools at every grade level. Reading, language, writing, math, science and social sciences improved.
b. Valued Youth Program (VYP)	Multiple years	Students	Student	Pairs academically at-risk teenage tutors with younger children. Has a positive impact on student dropout rates, self-concept and attitude towards school.	Positive impact on reading grades.
c. Memphis Partners Collaborative	Baseline taken before seventeen week intervention; follow-up immediately and one year after treatment	Tenth grade students who were considered academically at-risk	Student	79% of students were employed following completion of the program. Compared to the control group, participants had fewer absences, and higher self-esteem. Over-age, black males were less likely than controls to drop out. Conversely, over-age, black females seemed to drop out at a higher rate than controls.	Reports that there were no significant effects on grade point average.
d. Brief Research Synthesis on Cross-Age Tutoring Programs and the Performance of At-Risk Youth as Tutors	One year	High school tutors; younger children of various ages as tutees	Student	Tutees showed improvements in academics, communication skills, ability to identify long-range goals, self-confidence, and interpersonal skills. Serving as tutors increased self-concept, improved relationships between peers, reduced absenteeism, and improved classroom behavior. At-risk youth who tutor receive fewer disciplinary referrals, and fewer absences.	Tutors perform better than control students on subjects being taught. At-risk youth who tutor receive higher reading grades than the comparison group and higher test scores overall.

* For more information on each program, project, or article, see Appendix A.

**Some mulitfaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

4. Alternative Schools					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Cooperative Alternative Program	Baseline measures and follow-up taken immediately after the first school year and for the next two years	At-risk ninth through twelfth grade students	Students	Compared to a control group, CAP students had significantly higher GPAs and self-esteem following the first year in the program, and were less likely to drop out of school overall. There were no effects on attendance rates or employment rates.	Students had higher GPAs during the first year of the program (but this difference diminished in following years)
b. Lane School Program	First year evaluation and one year follow-up	Intermediate students with emotional and behavioral problems	Student and Family	Greater attainment of goals; increased achievement; decrease in office referrals; lowered suspension rate; successful transition back into their neighborhood schools, and high rate of success once in neighborhood schools.	Increase in school attendance; Greater attainment of academic goals
c. The Jackson School	Qualitative, case-study evaluation based on a two-day site visit	Sixth through eighth grade students	Student	Student and teacher perspectives of effectiveness are generally satisfactory. The school ensures small classes, maintains student's individual attention and supports families in times of crisis (whereas other alternative schools do not).	None cited

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* For more information on each program, project, or article, see Appendix A

**Some mulitfaceted programs have been include

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building					
a-1. Seattle Social Development Project	Evaluations at grade two, five, six and eleven.	Grade school and middle school, with parent training component	Students, Families, Staff	Lower levels of aggression and antisocial behaviors, self-destructive behaviors; Less alcohol and delinquency initiation; Increases in family management practices, communication, and attachment to family; More attachment and commitment to school; Less involvement with antisocial peers; Reduced involvement in violent delinquency, sexual activity, being drunk and driving under the influence.	None cited
a-2. Social Competency/Social Problem Solving Program	One year	Sixth grade students making transition to middle school	Student	Students in these programs showed improved ability in using social cognitive problem solving skills, improved coping during school transition, and a significant reduction in self-reported level of difficulty with commonly occurring middle-school stressors.	None cited
*a-3. FAST Track Program***	End of grade evaluation plus follow-ups	Grades one through six, with emphasis on transition periods	Students, Families	Better ratings of: Children's behavior with peers and adults; Children's aggressive, disruptive, and oppositional behavior in the classroom. More appropriate discipline techniques and greater warmth and involvement of mothers with their children. More maternal involvement in school.	None cited
a-4. Promoting Alternative Thinking Strategies (PATHS)	Pre and post intervention test one year later. Follow-up two years after interventions	Elementary school children	Students	Significant improvements in: self-control, understanding and recognition of emotions, and thinking and planning skills; Increased ability to tolerate frustration and use more effective conflict-resolution strategies; Decreased anxiety/depressive, sadness/depressive symptoms, and conduct problems.	None cited

* For more information on each program, project, or article, see Appendix A.

**Some mulitfaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building (cont.)					
a-5. Weissberg's Social Competence Promotion Program (WSCPP)	16-20 sessions	Sixth and seventh grade students	Students	Students improved relative to those in the control classrooms on: problem solving and stress management; teacher ratings on conflict resolution with peers and impulse control; and excessive drinking.	None cited
a-6. The Development Asset Approach	Various Studies	Adolescents	Students	Reports improvements related to 40 external and internal assets identified by the Search Institute as countering risk factors.	None cited
a-7. Baltimore Mastery Learning (ML) and Good Behavior Game (GBG) Interventions	One year, end of grade evaluations	Early elementary school children	Students, Staff	Compared to control groups: ML students showed increases in reading achievement. GBG students had less aggressive and shy behaviors, better peer nominations of aggressive behavior, and decreased levels of aggression for males who were rated highest for aggression.	ML students exhibited an increase in reading achievement.
a-8. Be A Star	1 year evaluation	Children (5-12 years old), families, schools	Student, Families, School	Compared to controls, those children who participated showed higher levels in the following areas: family bonding, prosocial behavior, self-concept, self-control, decision-making, emotional awareness, assertiveness, confidence, cooperation, negative attitudes about drugs and alcohol, self-efficacy, African-American culture, and school bonding.	None cited

* For more information on each program, project, or article, see Appendix A.

**Some mulitfaceted programs have been include here as well as in Part IV

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building (cont.)					
*a-9. Project ACHIEVE***	2 years prior to project implementation	Pre-K through middle school	Students, Families, Staff, School, Community	Referrals for disobedient behavior dropped by 86%, fighting by 72% and disruptive behavior by 88%. Suspensions dropped to one-third of what they had been three years before. Academic improvements.	Referrals for special education testing decreased 75%. Grade retention, achievement test scores, and academic performance improved.
a-10. Preventive Intervention	Post-intervention evaluation plus one and five year follow-ups	Junior high school students who are experiencing academic or social difficulty	Students	A one-year follow-up study showed that intervention students, had less self-reported delinquency; drug abuse; school-based problems and unemployment. A five-year follow-up found that intervention students had fewer county court records than control students. Improved attendance and grades.	Program students showed higher grades and better attendance when compared to control students.
a-11. Preventive Treatment Program	Post-intervention and 3 and 5 year follow-ups	7-9 year old boys who display problem behavior	Students, Families	Treated boys were less likely to trespass, steal, and fight; were better adjusted in school; showed less serious difficulties in school. At age 15, they were less likely to report gang involvement, having been drunk or taken drugs in the past 12 months, committing delinquent acts, and having friends arrested by the police.	Treated boys were less likely to be held back in school or placed in special education classes compared to controls.
a-12. Primary Intervention Program for At-Risk Students (PIP)	Every year for 3 years	Kindergarten through 3rd grade	Students	Improvements in frustration tolerance, assertive social skills, task orientation, peer sociability, and reduced problem behaviors in the areas of acting out, and shyness/anxiousness. Reduced overall counseling service referrals.	Students showed fewer learning difficulties and had reduced referrals for special education

* For more information on each program, project, or article, see Appendix A.

**Some mulitfaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5. Health / Mental Health Education -- Curricular Approaches to Wellness					
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building (cont.)					
a-13. Reconnecting Youth Program	Various; usually after the semester long intervention	Adolescents	Students	Significant increases in GPA and attendance; a 60% decrease in hard-drug use; Stronger self-confidence; Decreases in acts of aggression and suicide; Decreased stress, depression, and anger; More positive, connected relationships with teachers, friends, and family than students in the control group.	None cited
a-14. First Step to Success	Pre and post intervention and 2 year follow-up	Grades K-3	Students, Family	Sustained changes in adaptive behavior, aggressive behavior, maladaptive behavior, and time spent engaged in assignments.	None cited
a-15. High/Scope/ Perry Preschool	Multiple years	Pre-K through adult	Students, Families	Preschool instruction and regular follow-up monitoring yielded major school and work outcomes.	Improved scholastic achievement and increased high school graduation and post-secondary enrollment rates.
a-16. I Can Problem Solve (ICPS)	Post-intervention evaluations plus follow-ups after 1-4 years	Preschool through 6th grade, with complementary parent	Students, Families	Compared to control group, preschool children who received ICPS training were rated as more adjusted. Those who were previously impulsive or inhibited became better adjusted. Children scored higher on consequential thinking tests.	None cited

* For more information on each program, project, or article, see Appendix A

**Some mulitfaceted programs have been include here as well as in Part IV

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building (cont.)					
a-17. Community of Caring	Multiple years	Kindergarten to high school	Student	Emphasizes abstinence from early sexual activity, drug use, and alcohol use. Showed promise for reducing substance abuse and academic improvement.	Students in COC schools increased their GPA relative to comparison schools.
a-18. Student Training Through Urban Strategies (STATUS)	1 year	Junior and senior high school students at risk for dropping out of school	Students, Families, Staff	Less delinquency for all students and less serious delinquency for high school students; Less drug involvement for junior high students; Less negative peer influence; Greater social bonding, including greater attachment to school; and Increased self-concept, interpersonal competency, involvement, and less alienation for high school students.	Greater academic success
a-19. Family Skills Training Program	Various	Children and adults	Students, Families	Comprehensive family programs that combine social and life skills training to children and youth improve social and academic competencies. Parent skills training programs to improve supervision and nurturance are the most effective in impacting a broader range of family risk and protective factors.	None cited
a-20. Strengthening Families Program	Pre and post intervention and 5 year follow-up	Ages 6-10; Substance abusing families	Students, Family	Reduction in family conflict; Improvement in family communication and organization	None cited

* For more information on each program, project, or article, see Appendix A.

**Some mulitfaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building (cont.)					
a-21. Rotheram's Social Skills Training (RSST)	Pre and post intervention evaluations with 1 year follow-up	Upper elementary school children	Students	Compared to a control group, students in the social skills condition demonstrated significantly more assertive responses directly after treatment and less passive and aggressive problem-solving. Teacher ratings of students and GPAs improved significantly.	Increases in grade-point average one year after treatment.
a-22. Say It Straight	Various	Middle and high school students	Students	Middle-school students were significantly less likely to have alcohol or drug suspensions compared to a control group. High school students had 4 and ½ times fewer juvenile criminal offenses than comparison students.	None cited
a-23. Children of Divorce Intervention Program (CODIP)	One year	Students K-8	Student	Helps students cope with divorce using interventions performed by a select group of facilitators. A two-year follow-up reports reduced anxiety, negative self-attributions, and school problems.	None cited
a-24 Facing History and Ourselves: Holocaust and Human Behavior	Immediate followup	Students grades 8-11	Students	Greater knowledge of historical concepts than those not enrolled and increased complexity of interpersonal understanding compared with students enrolled in traditional Modern World History courses.	Increased knowledge of historical concepts
a-25 Positive Action	One to five years	Students grades K-12, teachers and parents	systemic changes	Increased reading and math scores, attendance, and student self concept in elementary schools; decreases in discipline referrals and delinquencies.	Increased reading and math scores

* For more information on each program, project, or article, see Appendix A

**Some mulitfaceted programs have been include here as well as in Part IV

Table A. Classroom - Focused Enabling

Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5a. Social/Emotional Development, Enhancing Protective Factors, and Assets Building (cont.)					
a-26. Open Circle Curriculum	Varied	Students (K-5th grade), teachers, principals and parents	Systemic changes	Improved learning environment in participating classrooms and schools (e.g., increased teaching and learning time, greater time on tasks, and creation of a caring and responsive community in the classroom). For students, they report increases in specific interpersonal skills, problem solving skills, and individual responsibility and fewer behavior problems (including less fighting than nonparticipants).	Improved learning environment; increased student time on academics tasks

* For more information on each program, project, or article, see Appendix A.

**Some mulitfaceted programs have been include here as well as in Part IV.

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5b. Promoting Physical Health					
b-1. SPARK	2 years	Grades 4-5	Student	Girls had better abdominal strength, and cardio-respiratory endurance.	None cited
b-2. Get Real About AIDS	1 year	4th-12th grade	Student	Participating students were more likely to have bought a condom, use it during intercourse, report having fewer sexual partners, have higher knowledge of HIV, and intend to use safer sexual practices.	None cited
b-3. Project STAR	Multiple years	Junior high to high school students	Student, Family, School, and Community	Significantly less use of drugs, including tobacco and alcohol, than the control schools. Positive long term effects.	None cited
b-4. Reconnecting Youth Program	4 years	9th through 12th grade students	Student	Improved school performance, reduced drug involvement, increased self-esteem, decreased depression.	Improved school performance
b-5. School-Based Tobacco Programs	Varied in each program evaluated	Students	Student	Long term smoking prevalence decreased by 25% when delivered to 6th graders, used peers and booster sessions.	None cited
b-6. Teen Outreach Program	One year	Teens	Student	Positive effects on suspension rates, course failure and female students becoming pregnant.	Decrease in course failure
b-7. 5-a-Day Power Plus	One year	All students	Student	Improved eating habits.	None cited

* For more information on each program, project, or article, see Appendix A

**Some mulitfaceted programs have been include here as well as in Part IV

Table A. Classroom - Focused Enabling

5. Health / Mental Health Education -- Curricular Approaches to Wellness					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
5b. Promoting Physical Health (cont.)					
b-8. Gimme 5	Two years	Fourth and fifth grade students	Student	Interviews showed that students improved their fruit intake at home as a result of this nutrition program at school.	None cited
b-9. Healthy for Life	None stated	Teens	Student	By the 9th grade, participants were significantly more likely to eat more meals in a week, significantly less likely to use cigarettes and scored lower on an overall scale of substance abuse.	None cited
b-10. Community of Caring (COC)	Two years	Kindergarten to high school	Student	Fewer non-excused absences and disciplinary action. Decrease in number of pregnancies. Higher GPA.	Improved GPA relative to comparison schools.

* For more information on each program, project, or article, see Appendix A.

**Some mulitfaceted programs have been include here as well as in Part IV.

B. Support for Transitions

The emphasis here is on planning, developing, and maintaining a comprehensive focus on the variety of transition concerns confronting students and their families. The work in this area can be greatly aided by advanced technology. Anticipated outcomes are reduced levels of alienation and increased levels of positive attitudes toward and involvement at school and in a range of learning activity.

Work in this area requires (1) programs to establish a welcoming and socially supportive community (especially for new arrivals), (2) programs for articulation (for each new step in formal education, vocational and college counseling, support in moving to and from special education, support in moving to post school living and work), (3) before and after-school programs to enrich learning and provide recreation in a safe environment, and (4) relevant education for stakeholders.*

1. Readiness to Learn/Early Childhood Programs
2. Before & After School Programs
3. Grade Articulation Programs
4. Welcoming and Social Support Programs
5. To and From Special Education
6. School-To-Career Programs

*The range of activity related to supporting transitions is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the Art for Support for Transitions

Clearly, interventions to enable successful transitions make a significant difference in how motivationally ready and able students are to benefit from schooling. Available evidence supports the positive impact of early childhood programs in preparing young children for school. The programs are associated with increases in academic performance and may even contribute to decreases in discipline problems in later school years. There is enough evidence that before- and after-school programs keep kids safe and steer them away from crime, and some evidence suggesting they can improve academic performance. Evaluations show that well-conceived and implemented programs can successfully ease students' transition between grades, and preliminary evidence suggests the promise of programs that provide welcoming and social support for children and families transitioning into a new school. Programs that aid in the transition in and out of special education need better implementation and related evaluation. The available reports do suggest such interventions will enhance students' attitudes about school and self and will improve their academic performance. Finally, programs providing vocational training and career education are having an impact in terms of increasing school retention and graduation and show promise for successfully placing students in jobs following graduation.

It has taken a long time for schools to face up to the importance of establishing transition programs. A good beginning has now been made, but there is much more to do. A major example of need involves the current push for greater inclusion of special education students. Such a policy can only succeed if sophisticated transition programs are developed. Before school programs are another transition point that needs a major programmatic expansion. It is the key to addressing tardiness and enhancing everyday school readiness.*

*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.

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Table B. Support for Transitions

1. Readiness to Learn / Early Childhood Programs					
Title of Program/Project*	**Length of Evaluation**	**Target Population**	**Focus of Change**	**Outcome**	**Nature of Academic Improvement**
a. Head Start	Three years	Pre-school children	Student, family	Head Start students showed improvement in several areas including cognitive skills, gross and fine motor skills, and social behavior. Head Start parents showed improved parenting skills, and made progress in their educational, literacy, and employment goals.	Improved literacy
b. Long-term Effects of Early Childhood Programs	Age five or six through twenty + years	Pre-school children	Student	Children who attended early childhood programs showed less placement in special education classes, or retainment in a grade later in their education. Also, these children were more likely to graduate from high school, had less delinquent and criminal behavior, fewer out of wedlock births and had higher average earnings.	Varied by program
c. Early Childhood Programs for Low-Income Families	Varied in each program evaluated	Low-income children	Student	Results showed short term benefits for children on IQ, and long term effects on school achievement, grade retention, placement in special education, and social adjustment.	Long term results on school achievement
d. Early Childhood Programs on social outcomes and delinquency	Age seven or eight up to fifteen + years	Low-income families	Student, family, school, community	Programs which combined education and family support showed long term effects on crime and antisocial behavior.	Varied by program
e. Even Start	One year	Low-income children	Student	Even Start children showed higher school readiness. Higher participation resulted in higher learning gains.	Larger learning gains
f. Full-day kindergarten	One year	Kindergarten students	Student	Results show academic and social benefits for students.	Positive academic benefits

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions (cont.)

2. Before & After School Programs					
Title of Program/Project*	**Length of Evaluation**	**Target Population**	**Focus of Change**	**Outcome**	**Nature of Academic Improvement**
a. ASPIRA Lighthouse Program	Multiple years	Kindergarten through twelfth grade students	Student	Decrease in juvenile crime, improved academics, attendance, improved student self-motivation, higher levels of homework quality and completion, fewer disciplinary referrals, better peer and teacher relationships.	Improved scores on standardized tests in reading and math
b. Beacon Schools	Multiple years	Students	Student, community	Fewer juvenile felonies; improved attendance and academics.	Improved performance on standardized reading tests
c. Effects of after-school care	Varied by program evaluated	Low-income children	Student	Associations were found between formal after school care and better academic achievement and social adjustment.	Grades improved.
d. I.S. 218--Community learning center and P.S. 5--Before and after-school program	Multiple years	Students	Student	Positive effect on student's attitudes and achievement. The number of students performing at grade level improved from 45 to 59% compared to 42% in similar schools.	Reading and math scores improved
e. Lighted Schools Project	Multiple years	Middle school children	Student, family, community, environment	Students are provided with a safe, supervised environment after school. Community agencies provide services to students and families. At one evaluation, 57% of students improved their school attendance and GPAs.	Thirty-eight percent decrease in the number of participants failing two or more classes
f. STAR and COMET Programs	Multiple years	Middle and high school students	Student	Improved communication, comprehension, and social interaction skills. All STAR students complete high school, 96% go on to college.	Test scores improved

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions (cont.)

2. Before & After School Programs, cont.					
Title of Program/Project*	**Length of Evaluation**	**Target Population**	**Focus of Change**	**Outcome**	**Nature of Academic Improvement**
g. Quantum Opportunities Program (QOP)	Baseline plus follow-ups after every school year	High school adolescents from low SES families	Student	Compared to a control group, students were more likely to be high school graduates, to go on to post-secondary schools, to receive an honor or award, and less likely to drop out of high school and become teen parents.	Higher graduation and college rates
h. 4-H After-School Activity Program	Multiple years	Ages seven through thirteen	Student	Improved attitude and behavior. Increased interest in school, fewer children involved with gangs.	None cited
i. L.A.'s BEST (Better Educated Students for Tomorrow)	Multiple years	Kindergarten through sixth grade students	Student	Students increased their self-confidence and got along with others better. Vandalism and school-based crime dropped. Higher grades.	Better grades
j. Milwaukee Project	Fifteen months	School-age children	Student, community	Provides youth with alternative activities during high-risk hours for delinquency. At a 15 month evaluation, crime rate had dropped 20.7% in participating neighborhood areas and the rate of violent offenses also dropped by 46.7%.	None cited
k. START (Students Today Achieving Results for Tomorrow)	Multiple years	School-age children	Student, family	Students showed academic and social improvement. Families moved toward economic self-sufficiency.	Greater academic improvement

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions (cont.)

3. Grade Articulation Programs					
Title of Program/Project*	**Length of Evaluation**	**Target Population**	**Focus of Change**	**Outcome**	**Nature of Academic Improvement**
a. The Transition Project	One year, with evaluations taken at mid-year and after ninth grade	Students entering high school	Student, staff, school environment	Compared to controls, students showed significantly better attendance as well as more stable self-concepts. They also reported perceiving the school environment as having greater clarity of expectations, organizational structure, and levels of teacher support. Higher GPAs.	Significantly better grade point averages by the end of ninth grade
b. Social Support Program	One year	Sixth graders making poor transition to middle school	Student	Full and partial intervention resulted in GPA improvement, lower depression scores, lower anxiety scores, decrease in stress in peer relationships.	Higher GPA
c. Bridge Program	One semester	Ninth grade students	Student	Designed to ease the transition between middle and high school. Participants required less discipline, showed fewer dropouts and transfers, and had higher GPAs.	Improved grades
d. Sixth Grade Transition Groups (SGTG)	Three days	Fifth grade students making transition to middle school	Student	Fifth graders received a social competency/stress reduction program. Ninety-four percent of the students reported the program helpful.	None cited

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions (cont.)

4. Welcoming and Social Support Programs					
Title of Program/Project*	**Length of Evaluation**	**Target Population**	**Focus of Change**	**Outcome**	**Nature of Academic Improvement**
a. School Transitional Environment Project (STEP)	One year	Sixth and seventh grade students	Student	More favorable school experiences; more positive student adjustment; lower levels of school transition stress; greater school, family, and general self-esteem; less depressive and anxiety symptoms; less delinquent behavior; higher levels of academic expectations and grades; more favorable teacher ratings of behavioral adjustment; and better school attendance.	Better grades
b. The School Transitions Project	Baseline and follow-ups every year for three years	At-risk elementary students who had an unscheduled school transfer	Student, school	Significant improvements in coping skills, and decreases in social withdrawal and inattentiveness. Improved academics. This was especially the case for students in the school and home tutoring conditions where the parents were highly involved in the tutoring.	Those involved in the tutoring program made significant academic gains compared to control students in reading, spelling and mathematics (depending on the year evaluated)
c. Child Development Project	Two years (but evaluations are ongoing)	Elementary school children	Student, staff, school, community	Children see their classrooms as caring communities, and the more they participate, the more their social, ethical, and intellectual development is enhanced. Children also show an increase in pro-social behaviors, and a decrease in delinquency in schools with the highest level of implementation. They are also less likely to abuse alcohol, and other drugs.	None cited

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions (cont.)

5. To and From Special Education					
Title of Program/Project*	**Length of Evaluation**	**Target Population**	**Focus of Change**	**Outcome**	**Nature of Academic Improvement**
a. Adaptive Learning Environments Model (ALEM)	Two studies, one year each	Special education students mainstreamed	School	Better student / teacher interactions. Improved student attitudes, improved student self-ratings, improved academics.	Reading and math achievement improved
b. Community-level Transition Teams	Varied in each program evaluated	Youth and adults with learning disabilities	Student, community	Increased student self-esteem and self-worth.	None cited
c. Parallel Alternate Curriculum Program (PAC)	One year	Special education teachers	Teachers, students, schools	Students stay in school.	None cited
d. Transition Programs for the Handicapped	One year	Special education students	Student	Findings revealed weaknesses in transition and special education programs.	None cited

*For more information on each program, project, or article, see Appendix B

Table B. Support for Transitions (cont.)

6. School-To-Career Programs					
Title of Program/Project*	**Length of Evaluation**	**Target Population**	**Focus of Change**	**Outcome**	**Nature of Academic Improvement**
a. Job Corps	Two years	Disadvantaged students ages sixteen and older	Student, community	More than 75% become employed, obtain further training, or join the military. Completion of training is associated with better jobs and higher wages.	None cited
b. Career Education	Varies by study evaluated	Students with low motivation	Student	Students with low motivation to attend school show improved school attendance after participating in career education. The more vocational classes students took, the less likely they were to drop out of school.	None cited
c. Cognitive Career Interventions	Two years	Youth with learning disabilities	Student	Significant increases in self-awareness and career awareness, improved skills in employment writing and interviewing for youth with learning disabilities.	Improved writing
d. Jobs for Ohio's Graduates (JOG)	One year	Students at risk of dropping out	Student	Graduation rate above 91%. Long term results are positive, showing students still working 12 months after graduation.	None cited
e. Mat-Su Alternative School (MSAS)	Multiple years	At-risk youth	Student	Networks with 150 business owners to provide job sites. Students continue their employment after graduation. Students have a 100% job placement.	None cited
f. Stay-in-School	One year	Students	Student	Produced an increase in student retention and perfomance. 84% of students involved in dropout interventions completed their year.	Enhanced academic performance

*For more information on each program, project, or article, see Appendix B

C. Student and Family Assistance Programs and Services

Some problems cannot be handled without a few special interventions; thus the need for student and family assistance. The emphasis is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, available social, physical and mental health programs in the school and community are used. As community outreach brings in other resources, they are linked to existing activities in an integrated manner. Special attention is paid to enhancing systems for prereferral intervention, triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. Continuous efforts are made to expand and enhance resources. An invaluable context for this activity is a school-based Family and Community Center Service Facility. The work should be supported by multi-media advanced technology. The intent is to ensure special assistance is provided when necessary and appropriate and that such assistance is effective.

Work in this area required (1) programs designed to support classroom focused enabling -- with specific emphasis on reducing the need for teachers to seek special programs and services, (2) a stakeholder information program to clarify available assistance and how to access help, (3) systems to facilitate requests for assistance and strategies to evaluate the requests (including use of strategies designed to reduce the need for special intervention), (4) a programmatic approach for handling referrals, (5) programs providing direct service (6) programmatic approaches for effective case and resource management, (7) interface with community outreach to assimilate additional resources into current service delivery, and (8) relevant education for stakeholders.*

1. School - Owned and/or School - Based Support Programs
2. School-linked Projects and Services
   a. Health and Human Services and Therapies
   b. Substance Abuse Prevention

*The range of activity related to supporting transitions is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the art for Student and Family Assistance Programs and Services

School-owned, based, and linked interventions clearly provide better access for manv youngsters and their families. Moreover, as a result of initiatives that enhance school-owned support programs and those fostering school-linked services and school-community partnerships (e.g., full services schools, family resource centers, etc.), more schools have more to offer in the way of student and family assistance. With respect to outcomes, a growing body of data indicates the current contribution and future promise of work in this area. For example, the more comprehensive approaches not only report results related to ameliorating health and psychosocial problems, they are beginning to report a range of academic improvements (e.g., increased attendance, improved grades, improved achievement, promotion to the next grade, reduced suspensions and expulsions, fewer dropouts, increased graduation rates). An increasing number of targeted interventions are reporting positive results related to the specific problems addressed (e.g., reduced behavior, emotional, and learning problems, enhanced positive social-emotional functioning, reduced sexual activity, reduced rates of referral to special education, fewer visits to hospital emergency rooms, and fewer hospitalizations). Because of the way pupil service professionals are used in schools, there is no recent data on the impact of psychologists, counselors, nurses, social workers, etc. However, clearly all the programs and services in this section can involve such personnel.

Because of all the attention to school-linked services, a few additional points are in order. This movement springs from concern about the fragmented way *community* health and human services are planned and implemented. This concern has led to renewal of the 1960s human service integration movement. The hope of this movement is to better meet the needs of those served and use existing resources to serve greater numbers. To these ends, there is considerable interest in developing strong relationships between school sites and public and private community agencies. In analyzing school-linked service initiatives, Franklin and Streeter (1995) group them as -- informal, coordinated, partnerships, collaborations, and integrated services. These categories are seen as differing in terms of the degree of system change required. As would be anticipated, most initial efforts focus on developing informal relationships and beginning to coordinate services. A recent nation-wide survey of school board members reported by Hardiman, Curcio, & Fortune (1998) indicates widespread presence of school-linked programs and services in school districts. For purposes of the survey, school-linked services

(cont.)

were defined as "the coordinated linking of school and community resources to support the needs of school-aged children and their families." The researchers conclude: "The range of services provided and the variety of approaches to school-linked services are broad, reflecting the diversity of needs and resources in each community." They are used to varying degrees to address various educational, psychological, health, and social concerns, including substance abuse, job training, teen pregnancy, juvenile probation, child and family welfare, and housing. For example, and not surprisingly, the majority of schools report using school-linked resources as part of their efforts to deal with substance abuse; far fewer report such involvement with respect to family welfare and housing. Most of this activity reflects collaboration with agencies at local and state levels. Respondents indicate that these collaborations operate under a variety of arrangements: "legislative mandates, state-level task forces and commissions, formal agreements with other state agencies, formal and informal agreements with local government agencies, in-kind (nonmonetary) support of local government and nongovernment agencies, formal and informal referral network, and the school administrator's prerogative." About half the respondents note that their districts have no policies governing school-linked services.*

References cited:

C. Franklin & C. Streeter (1995). School reform: Linking public schools with human services. *Social Work, 40*, 773-782.

P.M. Hardiman, J. Curcio, & J. Fortune (1998). School linked services. *The American School Board Journal, 185*, 37-40.

*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.

1. School-Owned and/or Based Support Programs					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Are School-Based Mental Health Services Effective? Evidence from 36 Inner City Schools	Pre- and post treatment measures (after 1 year)	School-aged children from 5-18 years old	Student/child	Students seen at a school-based clinic showed comparable improvements with those seen at a community clinic, even though children at the school clinic were seen for shorter period of time.	None Cited
b. California's Healthy Start: Comprehensive support	Range from 18 months to 2 years	Students and families in need	Student and Family	Besides improvements related to health and social/emotional functioning (e.g., decreased parental substance abuse by 12%, decrease in domestic violence by 50%), the most recent reports indicate improved reading test scores by 25%, improved math scores by 50%, improved GPA's by 50%.	Reading and math test score improvements for the lowest quartile.
c. School-Based Health Centers	Multiple years	Teens	Student	Centers with community support and comprehensive programs show decreased substance abuse among students, improved reproductive health attitudes, and reduced sexual activity. School-based clinic users were half as likely as nonusers to drop out of school and were also 2 times more likely to be promoted to the next grade.	Promoted to next grade
d. Primary Mental Health Project	Multiple years	Children with multiple, long-standing problems	Student	Reduction in acting-out, shyness, anxiety and learning problems; increase in competencies including adaptive assertiveness, peer sociability, and frustration tolerance	None Cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

1. School-Owned and/or Based Support Programs, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
e. Project for Attention Related Disorders	1 year	ADHD children and their families	Student and Family	18% of the ADHD children showed great improvement; 45% showed moderate improvement; 11% had small improvement; 16% unchanged; 10% worse than before enrollment.	None Cited
f. Social Skills focusing on 1.) Externalizing Behaviors *(see appendix)* ***2.) Internalizing Behaviors*** *(see appendix)*	Varied	All students	Students	Treatment for immediate effects related to targeted behaviors and situations, but generalization and maintenance effects are not commonly found.	None Cited
g. All Stars Program	Up to one-year	Students in elementary through high school	Students	Immediate outcomes reported are reduced drug use and suppressed onset of sexual activity.	None cited

* For more information on each program, project or article, see Appendix C.

2. School-Linked Projects and Services					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2a. Health and Human Services and Therapies					
a-1. New Jersey's School-Based Youth Services Program	Multiple years	Students	Student, School, and Community	A partnership between schools and community agencies. Users of the program showed improvement in many areas including attendance, GPA, and decreased alcohol use and sexual activity.	Increased GPA
a-2. High/Scope Perry Preschool Project Community Center	20 years	Poor and high-risk children age 2 thru elementary school	Student, Family, and Community	Long term studies showed program users had fewer arrests, out of wedlock births were lower, higher school graduation rates, and higher income levels	Increased graduation rates
a-3. Ventura County comprehensive services	Multiple years	At-risk adolescents in need of multiple services	Student, Family	Increased the percentage of children living with their families. Reduced the rate of state hospitalization. The group home placement rate was significantly and consistently lower in Ventura County than for the state as a whole. Improved school attendance.	At one specific school, students gained an average of 1.6 academic years after one year in the program.
a-4. Vermont's New Directions Program--Comprehensive services	Multiple years	At-risk children in need of multiple services	Student, Family	Increased the percentage of children living with their families, and decreased the percentage of out-of-state placements. It also increased the stability of placements, and decreased the use of residential treatment center services. Increased the percentage of fully main streamed children.	None Cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2a. Health and Human Services and Therapies (cont.)					
a-5. Local Interagency Services Projects	Multiple years	Students in need of multiple services	Student	Improved functioning of students (global functioning scores). Increased percentage of children attending school; reduced suspensions, expulsions and dropping out.	None Cited
a-6. Barry-Gratigny school-linked services program	Not found	New immigrant families	Student and Family	Social workers working in a school helped improve student attendance and language arts grades.	Improved language arts grades
a-7. Decker Family Development Center	Multiple years	Low-income residents	Student and Family	28% of participants used medical, educational, and social support services successfully and no longer needed the services.	None Cited
a-8. Family Mosaic program--Comprehensive services	Multiple years	At-risk children in need of multiple services	Student and Family	Decreased number of hospital admissions for children with histories of hospitalization. Increased parent participation and school attendance and performance.	Increased school performance.
a-9. Parents and Adolescents Can Talk	4 months follow-up	5th - 12th grade students and their parents	Student, Family, and Community	Higher knowledge correlated with lower rates of sexual activity for preadolescent. Higher self-esteem correlated with lower incidence of sexual activity among adolescents.	None Cited

* For more information on each program, project or article, see Appendix C.

2. School-Linked Projects and Services					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2a. Health and Human Services and Therapies (cont.)					
a-10. Positive Adolescent Choices Training	Multiple years	High-risk African American students ages 12-16	Student, School	Students showed a 50% reduction in physical aggression at school and over 50% less overall violence, juvenile court related problems.	None Cited
a-11. Functional Family Therapy (FFT)	Unclear from information sources	Youth ages 11-18 with severe conduct problems	Student, family	FFT reports the program effectively treats adolescents with conduct problems, alcohol and drug abuse disorders, and who are delinquent and/or violent; interrupts matriculation into more restrictive, higher cost services; prevents further incidence of the problem; prevents younger children in the family from penetrating the system of care; prevents adolescents from penetrating the adult criminal system. Treatment effects transfer across treatment systems.	None cited
a-12. Multidimensional Treatment Foster Care	Pre and post intervention and 12-month follow-up	Teenagers with history of severe criminal behavior	Students, Family	Compared to controls, students spent 60% fewer days incarcerated; had fewer subsequent arrests; ran away from program 3 times less often; less hard drug use, quicker community placement	None cited
a-13. Multisystemic Therapy	Post - intervention	12 to 17 year old juvenile offenders and their families	Students, Family	25-70% reductions in long-term rates of re-arrest; 47-64% reductions in out-of-home placements; family functioning improvement; decreased mental health problems	None cited

* For more information on each program, project or article, see Appendix C.

Table C--5

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2a. Health and Human Services and Therapies (cont.)					
a-14. Project Taking Charge	Six month follow-up	Students	Student	Students participating tended to delay initiations of sexual activity.	None cited.
a-15. Graduation, Reality and Dual Role Skills Program	Two years	Pregnant teens and teen parents of seventh through twelfth grade students	Student and Family	Reduced number of subsequent pregnancies, 85% retention of pregnant and parenting teens to remain in school.	None cited
a-16. Projects Studying Cognitive-Behavioral Approaches in Schools	Varied	At-risk students	Students	CBT programs with depression showed short term effects for boys. Significant results in reduction of total incidence rates to 14.5% for the active intervention compared to 25.7% for the control group. Tertiary treatment of depression showed statistically significant reduction in depressive symptomatology. A comparison of CBT and art therapy in children with behavior problems showed functional improvement for both conditions. Evaluations showed a decline in attendance in the control group while the treatment students showed no decline in attendance.	None cited

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* For more information on each program, project or article, see Appendix C.

2. School-Linked Projects and Services, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2b. Substance Abuse Prevention					
b-1. Life Skills Training	Pre- and post-tests each year, with yearly follow-ups	Middle and junior high school students	Students	Cut tobacco, alcohol, and marijuana use 50% - 75%. Long-term follow-up results show that LST: Cuts polydrug use up to 66%; Reduces pack-a-day smoking by 25%; and decreases use of inhalants, narcotics, and hallucinogens.	None cited
b-2. Child Development Project (CDP)	Assessment conducted each spring	3rd - 6th grade students, their families, and school staff	Students, Family, Staff, School	Results show an 11% drop in alcohol use, a 2% drop in marijuana use, an 8% drop in cigarette use (compared to increases in the comparison school). Pro-social behaviors increased and delinquency decreased.	None cited
b-3. Project ALERT	Pre-test and six follow-ups over the next five years	6th-8th grade students	Students	30-60% drop in marijuana initiation, lower consumption of marijuana and cigarettes, it helped casual smokers quit smoking, and reduced drinking level for all participants.	None cited
b-4. Adolescent Alcohol Prevention Trial	Pre-test with a one-year follow-up post-test	5th graders with 7th grade booster session	Students	Norm setting component reduced the onset of alcohol use, cigarette smoking, and marijuana use. There were no effects of the resistance skills training component.	None cited
b-5. Project Northland	3 years	6th-8th grade students	Students, Families, Communities	Reduced tobacco and alcohol use by 27%, reduced tobacco use alone by 37%, and reduced marijuana use by 50%. The project also had a significant impact on perceived norms among initial non-drinkers	None cited

* For more information on each program, project or article, see Appendix C.

Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2b. Substance Abuse Prevention (cont.)					
b-6. Social Competence Promotion Program for Young Adolescents	Immediate post-test	Grades 5,6, or 7	not found	Participants in the program show a reduction in heavy alcohol use. The program also had a significant impact on intentions to use alcohol.	None cited
b-7. Focus on Families	1 & 2 year follow-ups	Addicted parents of children ages 3 to 14	Students, Family	Parent outcomes: higher scores than controls on all skill measures (e.g., problem solving; self-efficacy; social support); fewer deviant peers; 65% reduction in heroin use & less likely to use cocaine. Child outcomes: no differences in drug use or delinquency compared to controls.	None cited
b-8. Midwestern Prevention Project (MPP)	Pre-intervention evaluations and annually thereafter	Children ages 10-15 and their parents	Students, Families, Communities	Reductions of up to 40 percent in daily smoking; marijuana use, and smaller reductions in alcohol use maintained through grade 12 and into early adulthood (age 23); increased parent-child communications about drug use.	None cited
b-9. Students Taught Awareness and Resistance (STAR)	3 years	Grades 5-8	Adolescents	Reduction of tobacco, alcohol, and marijuana use by 30% after one year.	None cited

* For more information on each program, project or article, see Appendix C.

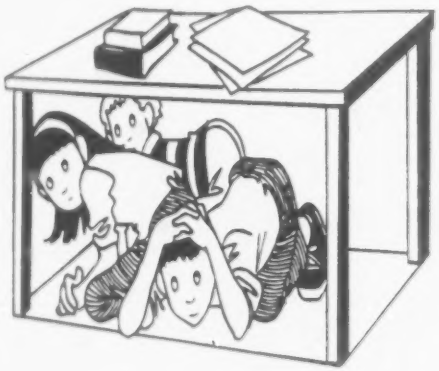
Table C. Student and Family Assistance Programs and Services

2. School-Linked Projects and Services					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
2b. Substance Abuse Prevention (cont.)					
b-10. Growing Healthy	2 years	Grades K-6	Students	Greater increases in health-related knowledge, healthier attitudes, in application of health skills, and healthier practices compared to comparison classrooms. Students reduced tobacco use 29% by the ninth grade.	None cited
b-11. I'm Special	Multi-year Longitudinal study	4th grade students	Students	Proportion of substance abusers and incidents of problem behavior were significantly lower for I'm Special graduates in grades 5-7.	None cited
b-12. Know Your Body	6 years	Grades K-6	Students, Families	Participating students reduced tobacco use by 73% in the 9th grade.	None cited
b-13. Michigan Model for Comprehensive School Health Education	Varied	Students grades K-12	Students, parents and teachers	Positive impact in curtailing rates of alcohol, tobacco and marijuana use in middle school students (designated as one of the top substance abuse and violence prevention programs in US).	None cited

* For more information on each program, project or article, see Appendix C.

D. Crisis Response and Prevention

The emphasis here is on responding to, minimizing the impact of, and preventing crisis. Intended outcomes of crisis assistance include ensuring immediate assistance is provided when emergencies arise and follow-up care is provided when necessary and appropriate so that students are able to resume learning without undue delays. Prevention activity outcomes are reflected in the creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety.



Work in this area requires (1) systems and programs for emergency / crisis response at a site, throughout a school complex, and community-wide (including a program to ensure follow-up care), (2) prevention programs for school and community to address school safety/violence reduction, suicide prevention, child abuse prevention and so forth, and (3) relevant education for stakeholders.*

1. Crisis Team Response and Aftermath Intervention
2. School Environment changes and School Safety Strategies
3. Curriculum Approaches to Preventing Crisis Events (Personal and Social)
   a. Violence Prevention
   b. Suicide Prevention
   c. Physical/Sexual Abuse Prevention

*The range of activity related to crisis response and prevention is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the Art for Crisis Response and Prevention

The need for crisis response and prevention is constant in some schools. Perhaps because few would argue against the importance of having crisis teams and crisis strategies in place before a crisis occurs, little attention has been given to testing the efficacy of such efforts. Also, relatively ignored has been the need for developing and evaluating aftermath interventions (e.g., for immediate debriefing, longer-term residual effects, PTSD). Most research in this area focuses on (a) programs to make the school environment safe as a key to deterring violence and reducing injury and (b) violence prevention and resiliency curriculum designed to teach children anger management, problem-solving skills, social skills, and conflict resolution. In both instances, the evidence supports a variety of practices that help reduce injuries and violent incidents in schools. However, given the nature and scope of preventable crises experienced in too many schools, greater attention must be devoted to developing and evaluating school-wide and community-wide prevention programs.*

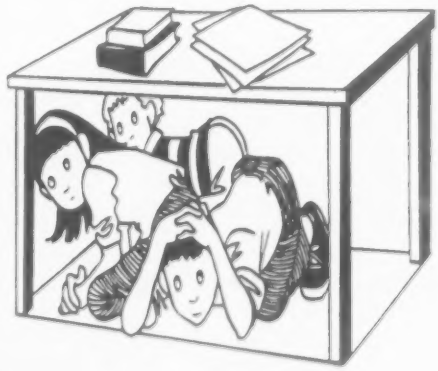


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Table D. Crisis Response and Prevention

1. Crisis Teams, Response and Aftermath

Title of Project/ Program *	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. School Crisis Intervention Teams	1 year	All students	Students, Staff	Previous crisis drills conducted in a crisis intervention program prevented more deaths from occurring during an incident at Cleveland Elementary School where a gunman opened fire, killing 5 students.	None cited
b. School-Based Health Centers and Violence Prevention	Various project evaluations	Early, middle and high schools	Students	Fewer suicide attempts and fights on campus, improved attendance among truant/disruptive students, improvements in students' attitudes and behavior, and greater sense of school safety.	None cited
c. Project Rebound	Aftermath	All students	Students	Those in this short-term crisis therapy program reported that the counselors were supportive and allowed them to develop positive coping skills. Teachers reported greater student readiness to learn.	Teachers found that students who were involved in the program were more prepared to learn.
d. Research Studies					
>Cokeville School Bombing Study	Aftermath	All students	Students	Those students who participated most in group crisis discussion sessions recovered most quickly from a school bombing in Cokeville, WY.	None cited
>Experimental study with High School Seniors	Pre- and post-intervention evaluations plus a 1-year follow-up	Seniors in high school	Students	Those in a crisis coping program had scored significantly higher on self-efficacy and rational beliefs, and used more cognitive restructuring strategies when presented with a scene depicting a potentially traumatic transition.	None cited

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* For more information on each program, project, or article, see Appendix D

Table D. Crisis Response and Prevention

2. School Environment Changes and School Safety Strategies					
Title of Project/Program *	**Length of Evaluation**	**Target Population**	**Focus of Change**	**Outcomes**	**Nature of Academic Improvement**
a. Westerly, Rhode Island: School District	Over a 4-year period	Students in all grades	Students, Families, Staff, School, School District	Reduced behavioral problems, schools safer and more productive for all students, dramatic drop in suspensions and other disciplinary incidents.	None cited
b. Center for the Prevention of School Violence	During Spring 1997	High Schools	School	36% of schools surveyed rated physical design and technology as highly effective for preventing violence in their schools. Of all surveyed safe school strategies, implementing school environment changes and/or using technology was rated as the 2nd highest effective strategy for preventing violence.	None cited
c. Playground Safety Studies					None cited
> *Community Intervention*	Over several years	Children, adolescents, families	School, Community	A multifaceted community intervention that refurbished park equipment and included safety programs for a target age group found decreased risk of injuries.	None cited
> *National SAFE KIDS Campaign*	Multiple years	Students	School, Community	Protective surfacing under and around playground equipment prevents and reduces the severity of playground fall-related injuries. Protective equipment, safe play conditions, and safety rules reduce the number and severity of sports- and recreation-related injuries.	
d. PeaceBuilders	3 years	K-5th grade	Students	Preliminary post-test results of ongoing CDC evaluation shows significant reductions in students' fighting-related injury visits to school nurse.	None cited

Table D. Crisis Response and Prevention

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal)					
Title of Project/Program*	**Length of Evaluation**	**Target Population**	**Focus of Change**	**Outcomes**	**Nature of Academic Improvement**
3a. Violence Prevention **					
a-1. Second Step: A Violence Prevention Curriculum	Measures at pretest, after two weeks into program, and six-month follow-up	Preschool, elementary, and junior high school students	Students	Overall decrease in physical aggression and an increase in neutral/ prosocial behavior as compared to control groups. Effects persisted six months later.	None cited
a-2. Responding in Peaceful and Positive Ways (RIPP)	25 Weekly Sessions	6th graders	Students	Lower rate of fighting, bringing weapons to school and in-school suspension.	None cited
a-3. First Step to Success	Initial evaluation plus follow up for two years	K-3rd grade	Students, family, staff	Sustained changes in adaptive behavior, aggressive behavior, maladaptive behavior, and time spent in teacher-assigned tasks. Effects persist up to two-tears beyond end of intervention phase.	None cited
*a-4. Project ACHIEVE****	Since 1990	Elementary children with below average academic performance	Students, Family, Staff, School System	Dramatic drops in disciplinary referrals, disobedient behavior, fighting, and disruptive behavior. 75% decrease in referrals for at-risk students for special education testing. Suspensions dropped to 1/3 of what they had been three years before.	Reduction in grade retention and referral for special education.

* For more information on each program, project, or article, see Appendix D

** Other curriculum approaches for externalizing problems are covered in table A and multifaceted interventions including curriculum approaches are in part IV

*** Some multifaceted programs have been included here as well as in part IV

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Table D. Crisis Response and Prevention

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal) (cont'd)					
Title of Project/Program*	**Length of Evaluation**	**Target Population**	**Focus of Change**	**Outcomes**	**Nature of Academic Improvement**
**3a. Violence Prevention (cont'd) ** **					
a-5. Bullying Prevention Program	2 Years	Elementary, middle and junior high school students	Students, Family, Staff	Substantial reductions in boys' and girls' reports of bullying and victimization; in students' reports of general antisocial behavior (e.g., vandalism, fighting, theft and truancy); significant improvements in the "social climate" of the class.	None cited
a-6. Conflict Resolution and Peer Mediation Projects (CR/PM)	Various project evaluations	Various grades (K-12)	Students, Family, Staff	Reduced frequency of fighting and other undesirable behaviors at school, increased knowledge and modified student's attitudes about conflict, improved school discipline, and increased attendance.	None cited
a-7. PeaceBuilders	Three year study	Elementary school children	Students, Families, Staff	Dramatic drops in school suspensions and children arrested for crimes in the community.	None cited
a-8. Positive Adolescent Choices Training (PACT)	Ratings before and after training	At-risk youth ages 12-16	Students (especially African-American students)	Reduction in violence-related behavior, gains in skills predictive of future abilities to avoid violence.	None cited
a-9. Resolving Conflict CreativelyProgram (RCCP)	1988-1989 school year	Preschool-12th grade students	Students, Staff	Fewer fights and less frequent name-calling.	None cited

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* For more information on each program, project, or article, see Appendix D

** Other curriculum approaches for externalizing problems are covered in table A and multifaceted interventions including curriculum approaches are in part IV

Table D. Crisis Response and Prevention

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal) (cont'd)

Title of Project/Program*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention (cont'd) **					
a-10. Meditation in the Schools Program	Multiple evaluations, one each year	at-risk students	Students, Staff, Special Curriculum	Students were more in control and empowered, and exhibited higher self-esteem. Staff reported decreases in violence since the program's inception, and teachers witness less violence among students.	None cited
a-11. Lions-Quest Working Toward Peace	Varied	Students grades 6-8, teacher, principals and parents	Systemic changes	Improved school climate, fewer discipline referrals, a safer school environment, and increased family and community involvement.	None cited
a-12. Michigan Model for Comprehensive School Health Education	Varied	Students grades K-12	Students, parents and teachers	Positive impact in curtailing rates of alcohol, tobacco and marijuana use in middle school students (designated as one of the top substance abuse and violence prevention programs in US).	None cited
3b. Suicide Prevention					
b-1. Suicide Prevention Project 1	12 weeks	8th graders	Students	Increased empathy, reduced suicidality.	None cited
b-2. Suicide Prevention Project 2	7 weeks	11th graders	Students	Reduced suicidal tendencies	None cited
3c. Physical / Sexual Abuse Prevention					
Good Touch/Bad Touch Program	3 sessions	Pre-school to sixth-grade students	Student	Results show significant improvement in children's ability to recognize abuse and to know what to do if it occurred.	None cited

* For more information on each program, project, or article, see Appendix D

** Other curriculum approaches for externalizing problems are covered in table A and multifaceted interventions including curriculum approaches are in part IV

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E. Home Involvement in Schooling

The emphasis here is on enhancing home involvement through programs to address specific parent learning and support needs (e.g., ESL classes, mutual support groups), mobilize parents as problem solvers when their child has problems (e.g., parent education, instruction in helping with schoolwork), elicit help from families in addressing the needs of the community, and so forth. The context for some of this activity may be a parent center (which may be part of the Family and Community Service Center Facility if one has been established at the site). Outcomes include specific measures of parent learning and indices of student progress and community enhancement related to home involvement.

Work in this area requires (1) programs to address specific learning and support needs of adults in the home, (2) programs to help those in the home meet basic obligations to the student, (3) systems to improve communication about matters essential to the student and family, (4) programs to enhance the home-school connection and sense of community, (5) interventions to enhance participation in making decision that are essential to the student, (6) programs to enhance home support related to the student's basic learning and development, (7) interventions to mobilize those at home to problem solve related to student needs, (8) intervention to elicit help (support, collaborations, and partnerships) from those at home with respect to meeting classroom, school, and community needs, and (9) relevant education for stakeholders.*

1. Parenting education
2. Adult education/Family Literacy
3. Mobilizing the home to support students' basic needs

*The range of activity related to home involvement in schooling is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the Art for Home Involvement in Schooling

Parent education classes vary in the outcomes they hope to achieve. Evaluations indicate the promise of such programs with respect to improving parent attitudes, skills, and problem solving abilities; parent-child communication; and in some instances the child's school achievement. Data also suggest an impact on reducing children's negative behavior. *Adult education* is a proven commodity. The question here is how it impacts on home involvement in schooling and on the behavior and achievement of youngsters in the family. Few studies have focused on this matter and even fewer have focused on family literacy approaches. The adult education studies included here report highly positive outcomes with respect to preschool children, and a summary of findings on family literacy reports highly positive trends into the elementary grades. More broadly, efforts to mobilize those in the home to address students' basic needs show effects on a range of behaviors and academic performance.

In general, research findings over the past 30 years have consistently shown home involvement in schooling has a positive impact on youngster's attitudes, aspirations, and achievement. The tasks ahead include expanding the focus beyond thinking only in terms of parents and expanding the range of ways in which schools connect with those in the home. In particular, more intensive efforts must focus on those in the home who have the greatest influence on a student's well being and with whom it has proven difficult to connect. New approaches must be developed and evaluated to clarify how best to involve such hard-to-reach individuals (e.g., perhaps by starting with strategies that address their needs, as contrasted with trying to make them take greater responsibility for their children's problems).*

*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.

Table E. Home Involvement in Schooling

1: Parenting Education					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Adolescent Transitions Program (ATP)	Pre- & post-test with one year follow-up	High-risk teens	Student, Family, Staff, School, School District	Effectively engaged students & parents; taught skills; and improved parent-teen relations. Parent component lowered aggressive & delinquent teen behavior; teen component increased problem behavior.	None cited
b. Iowa Strengthening Families	Post-test; 1 & 2 year follow-ups	Sixth grade and families	Students, Family	Parental improvement in child management; increased parent-child communication; more child involvement in family; lower rates of alcohol initiation; 60% reduction in alcohol use.	None cited
c. MELD Young Moms	Post-test study of 7 sites	Young children and their mothers	Students, Family	Positive shift in parental attitudes about parenting and children; parents showed more appropriate expectations; increased awareness of child's needs; reduced corporal punishment.	None cited
d. Parent Child Development Center Programs	2 year follow-up	Low income families with young children and infants	Students, Family	Compared to controls: more positive mother-child interactions; improved mothers' positive control techniques; improved mothers' use of affection and praise; decreased destructive behavior; enhanced achievement.	Compared to controls: increased IQ and cognitive ability; increased school achievement

* For more information on each program, project or article, see Appendix E

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Table E. Home Involvement in Schooling

1. Parenting Education, cont.

Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
e. Parent to Parent	Post-test and follow-ups	Parents	Students, Family	89% showed greater understanding of role in prevening children's substance substance use; 91% changed way they communicated with children; 75% community involvement in prevention; 91% talk more with children about drugs	None cited
f. PeaceBuilders	Three year study (currently underway). Pilot data results reported.	Elementary children (K - 5) & parents	Students, Family, Staff	Pilot data indicate reduction in teachers' estimates of aggressive behavior/social skills; referrals to principal; school transfers; playground aggression; suspensions; and fights.	None cited
g. Preparing for the Drug Free Years	Ongoing pre- and post-intervention study. Preliminary results reported.	Parents of children grades 4-8; Low income; Multi-ethnic	Students, Family	Positive effects on parenting behavior; increased parental appreciation for parent-child bonding and providing child with meaningful family role; greater parental understanding about adolescent drug social context; more parents had family meetings.	None cited
h. Syracuse Family Development Research Program	10 year follow-up	Young children and parents	Students, Family	Compared to controls: (1) 6% (compared to 22% for controls) had official delinquent records; (2) fewer serious offenses; (3) girls showed higher self-esteem; (4) parents were more proud of children; (5) higher educational goals and achievement.	Relative to controls, girls showed better grades and had higher teacher ratings of school achievement

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* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

2. Adult Education/Family Literacy

Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Family Literacy Research Summary (including Even Start)	Multi program, Multi year, follow-up	Families	Family; Student	Adults show greater gains in literacy than adults in adult education program & are less likely to dropout. Child participants demonstrate greater gains than those in child-focused programs.	Children were rated by teachers as "average or above" on overall academic performance.
b. Family Intergenerational-Interaction Literacy Model (FILM)	Pre- & post intervention	Preschool children and families	Students, Family	Improved teacher reports of parent involvement in their children's education; Scored higher on school readiness indicators than comparisons.	Ranked by teachers as better academically.
c. Mother-Child Home Program (MCHP) of the Verbal Interaction Project, Inc.	2 years; high school graduation follow-up	Ages 2 to 4 and parents	Students, Family	Children at risk for educational disadvantage were no longer so.	Met national achievement test norms in elementary & graduated from high school at normal rate.
d. Parents as Teachers	First year evaluation & 3 year follow-up	Parents of children below age 3	Student, Family	Parents showed more knowledge & better child-rearing practices, were more likely to regard school district as responsive, were more involved in children's school, and were more likely to have children's hearing tested. Enhanced achievement.	Scored higher than comparison on Kaufman Assessment Battery for Children, Zimmerman Preschool Language Scale, standardized reading/mathematics.

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

3. Mobilizing the Home to Address Students' Basic Needs					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Child Development Project (CDP)	Multi-year; Assessment conducted each Spring	Grades 3 to 6, families, & school staff; urban, suburban, & rural	Student, Family, Staff	11% drop in alcohol use; 2% drop in marijuana use; 8% drop in cigarette use (compared to increases in the comparison school). Pro-social behaviors increased and delinquency decreased.	None cited
b. Families and Schools Together (FAST)	Pre- & post-program & 3 year follow-up	Parents of children at risk for substance abuse & other problems; Multilingual groups	Student, Family	Improved: parent-child relationships; family functioning; parental school involvement; family networking; child attention span &self-esteem; Decreased child behavior problems. Follow-up showed increased: parental counseling/alcohol treatment; employment/school enrollment; & community/school involvement.	None cited
c. Seattle Social Development Project	Evaluations at grade 2, 5, 6 & 11.	Grade school and middle school, with parent training component	Student, Family, Staff	Lower levels of aggression and antisocial behaviors, self- destructive behaviors; less alcohol and delinquency initiation; increases in family management practices, communication, and attachment to family; more attachment and commitment to school; less involvement with antisocial peers; reduced involvement in violent delinquency, sexual activity, being drunk and drinking and driving.	None cited

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

3. Mobilizing the Home to Address Students' Basic Needs (Cont.)					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
d. Project ACHIEVE **	3 year program; Since 1990	Pre-K to Middle School	Student, Family	Academic improvements for those students whose parents were trained in the Parent Drop-In Center; improvement in teachers' perception of school climate; 28% decline in total disciplinary referrals; decline in suspensions from 9% to 3%	75% decrease in referrals to special ed; 67% decrease in special ed placements; reduced student grade retentions; increase in students scoring above 50th percentile in achievement tests.
e. Early Intervention for School Success (EISS)	First year evaluation and 3 year follow-up	Kindergarten	Student	Gains in receptive language, visual motor integration, & achievement after 1 year.	Maintained reading gains through grade 3 & fewer grade retentions.
f. Effective Black Parenting Program (EBPP)	Pre- & post-evaluation	African-American children ages 2 to 12	Student, Family	Compared to controls, showed reduction of parental rejection, improved family quality, improved child behaviors	None cited
g. Enriching a Child's Literacy Environment (ECLE)	Pre- & post-intervention	Ages 6 months to 3 years	Student, Family	Improvements on Mental Development Index & Psychomotor Development Index (Bayley Scales of Infant Development). For every month in program, showed 2 months of growth relative to the normative group.	None cited.

* For more information on each program, project or article, see Appendix E

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Table E. Home Involvement in Schooling

3. Mobilizing the Home to Address Students' Basic Needs (Cont.)					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
h. Perry Preschool Program	Pre- & 15 year follow-up	Ages 3 and 4	Student, Family	Compared to controls showed less delinquency, fewer arrests at age 19, less gang fights and police contact, less antisocial behavior through age 15, less school dropouts (33% vs 51%), higher GPAs, and more high school graduations	Compared to controls, showed higher scores on intellectual ability and high school grades
I. Family Advocacy Network (FAN Club)	Pre- & post-evaluation	Parents of children ages 10 to 12	Student, Family	Greater ability to refuse alcohol, marijuana, and cigarettes; increased knowledge of health consequences of substances	None cited
j. Los Ninos Bien Educados	Initial field test in 1980's	Newly immigrated Latino kindergarten children & parents	Student, Family	Compared to controls, program parents perceived relationship with children as better or much better; teacher & parent rated child behavior improvements	None cited
k. Project P.I.A.G.E.T.	First year evaluation and 2 year follow-up	Preschool and kindergarten children & parents (Limited English Speaking)	Student	After 1 year, higher than comparison on receptive language & reading readiness.	Sustained gains for 2 years in English language reading, language, and mathematics.

* For more information on each program, project or article, see Appendix E

Table E. Home Involvement in Schooling

3. Mobilizing the Home to Address Students' Basic Needs (Cont.)					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
l. First Step to Success	Pre- & post-intervention & 2 year follow-up	Grades K to 3	Student, family	Sustained changes in: adaptive behavior; aggressive behavior; maladaptive behavior; and time spent engaged in assignments.	None cited
m. Parent-Teacher Intervention Project (P-TIP)	Pre- & post-intervention & 2 year follow-up	Preschool children with social withdrawal or conduct problems	Student, parents	Parents rated experimental children's social skills as improved (although not a significant difference); parents rated both experimental children and controls with decreased problem behaviors (but no significant difference between the groups)	None cited.
n. Preventive Treatment Program	Post-intervention; 3 & 5 year follow-ups	7-9 year old boys who display problem behavior	Student, Family	Treated boys: were less likely to trespass, steal, and fight; were better adjusted in school; showed less serious difficulties in school. At age 15, they were less likely to report: gang involvement; having been drunk or taken drugs in the past 12 months; committing delinquent acts; and having friends arrested by the police.	Treated boys were less likely to be held back in school or placed in special education classes compared to controls.
o. Strengthening Families Program (SFP)	Pre- & post-intervention; 5 year follow-up	Ages 6 to 10; Substance-abusing families	Student, Family	Reduction in family conflict; improvement in family communication and organization	None cited
p. Webster Groves Even Start Program	Pre- & post-intervention	Families with children ages 0-7	Student, Family	Parents showed significant increases in passing GED & parenting knowledge skills; took more responsibility for child's growth and development; and achieved personal goals.	Children showed increased receptive vocabulary; were equal to other children in preschool skills by kindergarten.

* For more information on each program, project or article, see Appendix E

F. Community Outreach for Involvement and Support

The emphasis here is on outreaching to the community to build linkages and collaborations, develop greater involvement in schooling, and enhance support for efforts to enable learning. Outreach is made to (a) public and private community agencies, universities, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations and clubs. A Family and Community Service Center Facility would be an ideal context for some of this activity. Outcomes include specific measures of community participation and indices of student progress and community enhancement related to use of volunteers and use of additional community resources.

Work in this area requires (1) programs to recruit community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and individuals with special expertise and resources; local businesses to adopt-a-school and provide resources, award, incentives, and jobs; formal partnership arrangements), (2) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer and cross-age tutors and counselors, and professionals-in-training to provide direct help for staff and students--especially targeted students), (3) outreach programs to hard-to-involve students and families (those who don't come to school regularly--including truants and dropouts), (4) programs to enhance community-school connections and sense of community (e.g., orientations, open houses, performances and cultural and sports events, festivals and celebrations, workshops and fairs), and (5) relevant education for stakeholders.*

1. **Mentor/volunteer programs**
2. **School-community partnerships**
3. **Economic development**

*The range of activity related to community outreach is outlined extensively in a set of self-study surveys available from our Center. (See Part VI for information on how to access these instruments.)

State of the Art for Community Outreach for Involvement and Support

Mentoring and volunteer programs have increasingly popular. Available data support their value for both students and those from the community who offer to provide such supports. Student outcomes include positive changes in attitudes, behavior, and academic performance (including improved school attendance, reduced substance abuse, less school failure, improved grades).

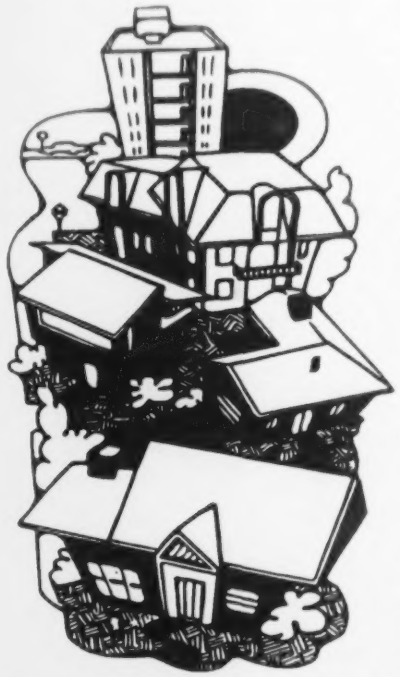
Also increasing in popularity are programs that outreach to the community to develop school-community collaborations. Indeed, After surveying a variety of school-community initiatives, Melaville and Blank (1998) conclude that the number of school-community initiatives is skyrocketing; the diversity across initiatives in terms of design, management, and funding arrangements is dizzying and daunting. Their analysis suggests (1) the initiatives are moving toward blended and integrated purposes and activity and (2) the activities are predominantly school-based and the education sector plays "a significant role in the creation and, particularly, management of these initiatives" and there is a clear trend "toward much greater community involvement in all aspects" of such initiatives -- especially in decision making at both the community and site levels. They also stress that "the ability of school-community initiatives to strengthen school functioning develops incrementally," with the first impact seen in improved school climate. With respect to sustainability, their findings support the need for stable leadership and long-term financing. Finally, they note

> *The still moving field of school-community initiatives is rich in its variations. But it is a variation born in state and local inventiveness, rather than reflective of irreconcilable differences or fundamental conflict. Even though communication among school-community initiatives is neither easy nor ongoing, the findings in this study suggest they are all moving toward an interlocking set of principles. An accent on development cuts across them all. These principles demonstrate the extent to which boundaries separating major approaches to school-community initiatives have blurred and been transformed. More importantly, they point to a strong sense of direction and shared purpose within the field.*

(cont.)

Many of these collaborations involve efforts to create comprehensive approaches to support and strengthen students, families, and neighborhoods (see Part IV). The complexity of the work is making program evaluation difficult to carry out. Based on her analysis of such programs, Schorr (1997) concludes that a synthesis is emerging that "rejects addressing poverty, welfare,employment, education, child development, housing, and crime one at a time. It endorses the idea that the multiple and interrelated problems . . . require multiple and interrelated solutions."

A reasonable inference from available data is that school-community collaborations can be successful and cost-effective over the long-run. They not only improve access to services, they seem to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities and family involvement. A few have encompassed concerns for economic development and have demonstrated the ability to increase job opportunities for young people. At the same time, where the primary emphasis of school-community collaborations has been on restructuring community programs and co-locating some services on school sites, one negative side effect is the emergence of a new form of fragmentation as community and school professionals engage in a form of parallel play at school sites.



*Given the pressure to compile outcome findings relevant to addressing barriers to student learning, as a first step we simply have gathered and tabulated information from secondary sources (e.g., reviews, reports). Thus, unlike published literature reviews and meta analyses, we have not yet eliminated evaluations that were conducted in methodologically unsound ways. We will do so when we have time to track down original sources, and future drafts of this document will address the problem as well as including other facets of intervention related to this area. In this respect, we would appreciate any information readers can send us about well-designed evaluations of interventions that should be included and about any of the cited work that should be excluded.

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Table F. Community Outreach for Involvement and Support

1. Mentor / Volunteer Programs

Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Research review of volunteering effects on the young volunteer	Various	Adolescents	Student	Volunteering relates to reduced rates of suspension from school, school dropout, teen pregnancy, improved self-concept, improved achievement, and better attitude toward society. The conditions of volunteering (e.g., number of hours, type of work), and age of volunteer can effect outcomes	Review indicated that volunteering relates to reduced rates of course failure and improvement in reading grades.
b. Big Brothers / Big Sisters of America	18-month experimental evaluation	Young children in need for guidance	Student	Mentored youth were 70% less likely to engage in drug or alcohol use, one-third less likely to hit someone, and skipped fewer classes and half as many days of school. Improved relations with parents and peers. Some achievement gains.	Mentored youth showed modest gains in their grade point averages with the strongest gains among the Little Sisters. They also felt more competent about doing their schoolwork.
c. Juvenile Mentoring Program (JUMP)	2-year evaluation	At-risk young people in need of positive role models	Student	Mentoring reduces anti-social behavior, including alcohol and other drug abuse. 30% of the participants showed improvement in their school attendance and performance, 35% showed improvement in their general behavior, and 48% increased the frequency of appropriate interactions with peers.	30% of the participants showed improvement in their school performance.

Table F. Community Outreach for Involvement and Support

1. Mentor / Volunteer Programs, cont.

Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
d. Volunteers in Maryland's schools	ongoing	Schools in Maryland	School system, Student	School programs have been positively impacted by volunteer services, including an increase in resources for instructional programs, improvement in students' behaviors, and more use of school facilities after regular school hours. Volunteer services were seen as making a significant contribution to school programs.	None cited
e. Volunteer projects in San Francisco ***(1) Project Book Your Time,*** ***(2) Project Interconnections II,*** ***(3) Project Math in Action,*** ***(4) Project Think/Write***	1.) 1985-1986, 1986-1987 annual evaluations, 2.) 1986-1987 annual evaluation 3.) 3-year project evaluation 4.) 1987-1988 annual evaluation	1.) Immigrant students K-5 in San Francisco 2.) High school students in San Francisco 3.) Math students 4.) Middle and high school students	Student	1.) Questionnaires showed positive reactions to the program by teachers and volunteers. 2.) Volunteer college students were more likely to enter a career of foreign language teaching. 3.) Improvements in attitudes towards mathematics 4.) Data found positive impacts on volunteers and teachers.	1.)The school that implemented the literacy project school wide achieved greater gains in reading and language arts than the school with limited participation. Both schools scored higher than control schools 2.)By the end of the program, participating students were more confident and fluent in the foreign language being learned. 3.) Improvements were seen in student problem-solving performance 4.) Improved critical thinking and writing skills as preparation for future employment.

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Table F. Community Outreach for Involvement and Support

1. Mentor / Volunteer Programs, cont.					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
f. Senior citizen volunteers in the schools	None cited	Elementary school children	Student, Senior Citizen	Provided elementary school children with caring and supportive senior citizens while also allowing older adults to engage in meaningful activities in a school setting that proved to be valuable.	None cited
g. Adopt-A-Grandparent Program	1 year evaluation	Dade County Public School students (Miami, FL)	Student	Improved all participating students' self-concepts and at-risk students' attitudes toward the elderly. Some positive impact was noted in senior citizens, particularly with respect to depression, but these changes were not as consistently positive as were those for students	None cited
h. Teen Line	Various; follow-ups up to 10+ years	Troubled adolescents 13-17 years old	Student	Between 1981 and 1992, the hot line serviced over 127,000 calls. In 1991 and 1992 alone, over 33,000 calls were answered. When compared to a matched, non-volunteer peer group, Teen Line volunteers' level of social concern and empathy was significantly higher.	None Cited
i. Teen Outreach Program (TOP)	10 year evaluation	Young people ages 12-17	Student	When compared with non-participants, 8% lower rate of course failure; 18% lower rate of suspension; 33% lower rate of pregnancy; and 60% lower school failure and dropout rate.	8% lower course failure.
j. DAYS La Familia Community Drug and Alcohol Prevention Programs (ATOD)	2 year evaluation, including 6, 12, and 18 month follow-ups	Hispanic families with high-risk youth 6-11 years old	Student, Family	92% retention rate and over 80% attendance per session. Families more willing to discuss alcohol, tobacco, and other drug issues openly and made positive steps toward empowerment.	None cited

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Table F. Community Outreach for Involvement and Support

2. School-Community Partnerships					
Title of Program/Project*	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Alliance School Initiative	multiple years	Community, schools, and students (K-12)	Community, Student	School-community teams have developed neighborhood efforts to counter gang violence and ease racial tensions, introduced tutorial and scholarship opportunities, developed after-school and extended-day programs, and made substantive changes in the curriculum, scheduling and assessment methods.	None cited
b. Avance	Long-term follow-up	Young children from low-income families	Student, Families	Passes literacy from parent to child as well as reduces child abuse, mental health problems, and juvenile crime. Improves school performance.	Long-term follow-up studies show that 90% are graduating from high school and half go on to college.
c. Be A Star	1-year evaluation	Children (5-12 years old), families, schools	Student, Families, School	Compared to controls, those children who participated showed higher levels in the following areas: family bonding, prosocial behavior, self-concept, self-control, decision-making, emotional awareness, assertiveness, confidence, cooperation, negative attitudes about drugs and alcohol, self-efficacy, African-American culture, and school bonding.	None cited

Table F. Community Outreach for Involvement and Support

2. School-Community Partnerships					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
d. The Jackson School	Qualitative, case-study evaluation based on a two-day site visit	6th - 8th grade students	Student,	As contrasted with other alternative schools, student and teacher perspectives of effectiveness are generally satisfactory. The school ensures small classes; maintains student's individual attention and supports families in times of crisis.	None cited
e. Merritt Elementary Extended School	multiple years	Elementary School students (K-5)	Student	Evolved into a community of caring and involved people, maximizing the potential of both its students and staff. Suggests outcome for student educational progress and success.	Suggested
f. Beacon Schools (NY)	multiple years	Students and adults	Students, Families, and Community	Fewer felony arrests among neighborhood youth; improved attendance and academics.	Improved academic performance. (One school rose from 580th out of 620 elementary schools in reading achievement to 319th three years after the intervention.)
g. Young & Healthy	Annual evaluation (5-year period)	Uninsured children needing health care services	Student	During the program's first year, 600 appointments were made. By the 2nd year, 1200 appointments were made. Expanded to the entire school district. By its 5th year, the program made 4800 appointments and has over 400 doctors on their referral list.	None cited

Table F. Community Outreach for Involvement and Support

3. Economic Development/ Community Rebuilding					
Title of Program/Project	Length of Evaluation	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
a. Job Opportunities and Basic Skills (JOBS)	10+ years	Families on welfare	Families, Parents	Employment rates of 66-91% and slightly higher rates for those attending four-year colleges.	None cited
b. Pacoima Urban Village	Ongoing since 1995	Residence of the Pacoima Urban Village and cooperating employers	Community	Has registered over 800 villagers, and has become a focal point for villagers to find employment and develop ways to work together and help each other.	None cited
c. Job Corps	Ongoing	Disadvantaged students ages 16 and older	Students, Community	More than 75% become employed, obtain further training, or join the military. Completion of training is associated with better jobs and higher wages.	None cited
d. Annie E. Casey Foundation's Rebuilding Communities Initiative	Ongoing	All in the community	Community	In it's formative stages: 5 communities have developed neighborhood governance collaborative's, a community-driven comprehensive community building plan, and are developing implementation capacity.	None cited

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IV. Examples of Multifaceted Approaches

♦ *URBAN LEARNING CENTER: A New American School Model for Comprehensive School Reform*

ELIZABETH LEARNING CENTER

With the full commitment of the school staff, the Los Angeles Unified School District's administration, the teachers's union, and a variety of community partners, a "break-the-mold" school reform initiative was set in motion in the small city of Cudahy, California. In pursuit of this education imperative, the New American Schools Development Corporation and the district's reform movement (called LEARN) played a catalytic role in transforming a former elementary school into the Elizabeth Learning Center. The ongoing, intensive commitment as the various school and community partners is producing a pre-K through 12 urban education model that the U.S. Department of Education recognizes as an important *evolving* demonstration of *comprehensive* school reform. This recognition has resulted in the design's inclusion, as the *Urban Learning Center Model*, in federal legislation for comprehensive school reform as one of 22 outstanding models that schools are encouraged to adopt. Moreover, the design already has contributed to adoption of major new directions by the California state Department of education and by LAUSD Board of Education (e.g., each has adopted the concept of *Learning Support*).

Efforts at Elizabeth Learning Center are pioneering the process of moving school reform from an insufficient two component approach to a model that delineates a third essential component. That is, the design not only focuses on reforming (1) curriculum/instruction and (2) governance/management, it *addresses barriers to learning* by establishing (3) a comprehensive, integrated continuum of *learning supports*. As it evolves, this Learning Support (or Enabling) Component is providing local, state and national policy makers with an invaluable framework and concrete practices for enabling students to learn and teachers to teach. Key to achieving these educational imperatives is a comprehensive and ongoing process by which school community resources are restructured and woven together to address barriers to learning and development.

By calling for reforms that fully integrate a focus on addressing barriers, the concept of an Enabling or "Learning Supports" Component provides a unifying concept for responding to a wide range of psychosocial factors interfering with young people's learning and performance and encompasses the type of models described as full-service schools - and goes beyond them in defining a comprehensive component for addressing barriers to learning and promoting healthy development. That is, besides focusing on barriers and deficits, there is a strong emphasis on facilitating healthy development, positive behavior, and assets building as the best way to prevent problems and as an essential adjunct to corrective interventions. Emergence of a comprehensive and cohesive enabling or Learning Supports component requires policy reform and operational restructuring that allow for weaving together what is available at a school, expanding this through integrating school, community, and home resources, and enhancing access to community resources by linking as many as feasible to programs at the school. Ultimately, this will involve extensive restructuring of school-owned enabling activity, such as pupil services and special and compensatory education programs. In the process, mechanisms must be developed to coordinate and eventually integrate school-owned enabling activity and school and community-owned resources. Restructuring must also ensure that the component is well integrated with one developmental/instructional and management components in order to minimize fragmentation,

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avoid marginalization, and ensure that efforts to address problems (e.g., learning and behavior problems) are implemented on a school-wide basis and play out in classrooms.

Operationalizing such a component requires formulating a delimited framework of basic programmatic areas and creating an infrastructure to restructure enabling activity. Such activity can be clustered into six interrelated areas: (1) classroom-focused enabling which focuses specifically on classroom reforms that help teachers enhance the way they work with students with "garden variety" learning, behavior, and emotional problems as a way of stemming the tide of referrals for services; (2) support for transitions such as providing welcoming and social support programs for new students and their families, articulation programs, before and after school programs; (3) crisis response and prevention; (4) home involvement in schooling; (5) students and family assistance which encompasses provision of a full range of health and human services offered in the context of a family resource center and a school-based clinic; and (6) community outreach which includes an extensive focus on volunteers.

Progress to Date

Extensive progress has been made in designing the Elizabeth Learning Center. But there is much more to be done, and several critical facets are just being developed. Two integrally related program areas are among the many where a good foundation has been laid, and the site can now make great strides forward. One area encompasses efforts to enhance school readiness (e.g., by adding Head Start); the other area focuses on improving the educational and vocational opportunities of adult family members (e.g., by expanding the nature and scope of adult community on campus). Furthermore, through an integrated approach to these concerns, there will be an increased presence of the adult community on campus. (Early in the reform process the site developed a contract with the local community adult school and began offering ESL classes, pre-GED preparation, citizenship, computer literacy, and parenting and parent leadership training. Over 1000 adults weekly attend classes from 7:30 a.m. to 9:00 p.m. Two parent cooperative child care centers are available day and evening to enable parent attendance.) Such additions should contribute in many ways to the educational mission. For example, it can reduce student misbehavior, and this, along with observation of the commitment to education and career preparation of adults from the community, can allow for greater involvement of students in classroom learning.

Elizabeth Learning Center in Los Angeles began implementation of the Urban Learning Centers design in 1993-94 when it had a population of about 1,600 students in grades K-8. Since then, it has grown to a population of about 2,800 students in grades K-12. Currently, ELC has about 2200 students in grades K-8 and less than 600 students in grades 9-12.

STANFORD 9 TEST RESULTS: Stanford 9 tests measure achievement in reading, mathematics and language in grades 1 through 11, 11th grade testing first having been added in 1998. Scores for each grade level in each subject area are reported as mean scores. To enable comparison to national norms, the scores are calculated as "percentile at the mean" scores, or percentiles in relationship to national norms. Data are taken from LAUSD scores for students proficient in English and Limited English Proficient students who have added English instruction to their curriculum. Between 1997 and 1998, Stanford 9 test scores in reading and math increased at almost all of Elizabeth's grade levels. The scores increased in reading and math at 17 of 20 data points. In 1998, all but 2 classes increased their scores in

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reading and math over the scores they achieved in the previous grade. Even in the area of weakest performance, the language test, scores at ELC increased in the majority of grades(6 of 10) and stayed the same or increased in the majority of classes (6 of 10) as they moved from one grade to the next. In grades 9 through 12, where about 600 students are enrolled, scores in reading and math increased in all cases except two, or 8 out of 10 data points. This is particularly significant since district and statewide trends showed declines at the high school level. In grades 6 through 8, where about 1100 students are enrolled, scores in reading and math increased or remained the same in all grades and in all classes moving between grades. Scores increased in every instance except the 8th grade math score, which remained the same as the 8th grade math score in 1997. Increases in Elizabeth's scores between 1997 and 1998 were greatest in grades 1 through 5, where about 1100 students are enrolled. With only one exception in each case, scores in reading, math and language for all grades increased and scores in reading and math for all classes moving from one grade to the next increased.

GRADUATION RATE: Nearly all of Elizabeth Learning Center's first and second classes of seniors have graduated on schedule. In 1997-98, 60, or 98%, of Elizabeth's seniors graduated. In 1996-97, all 45 seniors graduated.

COLLEGE-GOING RATE: A great majority of Elizabeth Learning Center's first and second classes of graduating seniors have gone on to post-secondary education or the U.S. military. In 1998, a majority of the graduating seniors went on to post-secondary education - 6 to the UC system,14 to the CSU system, 25 to community colleges and the remainder to trade schools and/or jobs. In 1997, a majority of the graduating seniors went on to post-secondary education or the U.S. military - 6 to the UC system, 17 to the CSU system, 3 to private universities, 16 to community colleges, and the remainder to the U.S. military, technical trade schools and/or jobs. All students come from populations that have been "historically denied access to higher education." ELC ranked among the top California schools in the percentage of graduates going on to University of California schools in 1997, as measured by the High School Performance Report of the California Department of Education. Statewide, 7.3% went on to UC schools. In addition, Elizabeth's seniors exceeded the statewide rate of 35.4% for 1997 graduates completing a course sequence to qualify them for admission to the UC or CSU system.

SAT SCORES: In the school year 1997-98, 20 ELC students, or 33% of the senior class, took the SAT I: Reasoning Test (formerly named the Scholastic Assessment/Aptitude Test) and achieved a combined mean score of 776, 383 in verbal and 393 in math. All students who took the test were either Mexican or Latin American by self-description. Most were monolingual Spanish speaking students upon entrance to school. At a neighboring high school, only 26% took the test and achieved a combined mean score of 772. One of the students who took the SAT scored 1,000 or above.

GRADE POINT AVERAGES: ELC students maintained essentially the same rate of passing coftege-prep courses in the school years 1996-97 and 1997-98. Their rate of passage, 69.1%, exceeded the rate of Elizabeth's cluster 65.5% and the District rate, 63.5%.

ADVANCED PLACEMENT: In 60 Advanced Placement tests taken by ELC students in 1997-98, scores were 3 or higher on 85% of the tests. The ELC students who took the Spanish Literature and Spanish Language exams achieved scores of 3 or higher in a greater percentage than the District average. In 1997-98, ELC increased advanced placement offerings from 2 to 3 classes.

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DROP OUTRATES: In 1997-98, Elizabeth's drop out rate was 1.22%, a decline from its already low drop out rate of 2.14% in 1996-97. The rate was lower than Elizabeth's cluster's rate of 5.28% and the District's rate of 7.84%.

ABSENTEEISM: Although enrollment at ELC increased by about 100 students between 1993-94 and 1997-98, the dramatic increase did not depress attendance rates as often happens when students and teachers are adjusting to a new environment. Elizabeth's attendance rate remained at or above 92% during the 4 years, slightly exceeding the District's rate of about 91%.

PARENT INVOLVEMENT: Parent presence at ELC increased dramatically. In the past, parents came to campus solely for special occasions. Now, more than 1,000 parents and others attend adult education classes each week. Parents and community members volunteer over 12,000 hours each year. During the 1997-98 school year, 55 volunteers worked 14,807 hours, the equivalent of $133,281 in free services to the school. In 1996-97, 75 volunteers worked 12,621 hours for a $113,589 equivalent during 1996-97. In contrast, two neighboring schools do not keep track of the hours spent by only a few random volunteers. An administrator at a neighboring school characterized volunteerism there as "extremely sporadic." Because more parents are learning English at adult school classes offered on campus, Elizabeth Learning Center finds an increasing number of students from Spanish speaking homes enter school already speaking both languages. As a result, fewer bilingual classes are needed in the early grades.

AWARDS: Urban Learning Centers is listed as one of 17 nationally recognized designs eligible for funding through the federal Comprehensive School Reform for Title I School Act. In 1998-99, 30 Elizabeth Learning Center students received Recognition or Honors in California's Golden State Exams. Three students received Honors placing them among the top 10% of California students taking the exams; 27 students received Recognition placing them among the top 30% of California students taking the exams.

References:

Opening the Gates: Learning Supports at Elizabeth Learning Center (1998). School Mental Health Project, Department of Psychology, UCLA, Los Angeles, CA 90095-1563; Phone: (310) 825-3634; Fax: (310) 206-8716; web: http://smhp.psych.ucla.edu, Email: smhp@ucla.edu

Urban Learning Center Model (1998). A design for a new learning community. Los Angeles Educational Partnership.

Adelman, H.S. & Taylor, L. (1997). Addressing barriers to learning: Beyond school-linked services and full-service schools. *American Journal of Orthopsychiatry*, 67, 408-421.

For more information, contact:

UCLA School Mental Health Project; Phone: (310) 825-3634; Fax: (310) 206-8716;
web: http://smhp.psych.ucla.edu; Email: smhp@ucla.edu

♦ *ATLAS Communities: A New American School Model for Comprehensive School Reform*

The ATLAS Communities project supports schools across the country in becoming extended, democratic learning communities. Schools join a network that is actively engaged in a comprehensive, systemic approach to change. The project is a cooperative effort among four educational organizations: (1) Coalition of Essential Schools (Brown Univ., T. Sizer, Chairman), (2) Education Development Center, Inc.(J. Whitla, President), (3) Project Zero (Harvard Univ., H. Gardner, Codirector), and (4) the School Development Program (Yale University, J. Comer, Director).

As described: "The ATLAS design joins strong organizational and community support with ongoing professional development to improve learning outcomes for all students. A fundamental element of the ATLAS design is a K-12 school pathway that creates a personalized learning environment for all students. Across the pathway, teams of teachers design, implement, and evaluate coherent curriculum and assessment strategies that help students develop essential skills, habits, and understandings. Learning within the ATLAS Pathway is supported by school-based and pathway-wide management and organizational structures that promote sustained professional development and collaboration among school and community stakeholders." Atlas is build on five principles: (1) authentic teaching and learning, (2) ongoing cycles of planning, action, and reflection, (3) relationships matter, because learning is a social activity, (4) shared leadership, commitment, and communication build a collaborative culture for learning, (5) members of ATLAS schools and pathways see themselves as part of broad, integrated learning communities.

A key feature with respect to addressing barriers to learning is the *Community Health Team*. This team "operates on the belief that schools promote high student achievement when they attend to the physical, psychoemotional, and social-interactive development of students." It is made up of health and social service providers "to prevent and address behavior problems and to create a school climate that is safe and supportive." The team works with teachers to "sharpen their observation skills and alter classroom practices to meet all children's needs." It coordinates the work of service providers as they assist individual students. It also tracks and analyzes individual referrals to identify issues of schoolwide concern that the school planning and management team can then address.

In addition, parents and community members are mentors to students working in the community, volunteers in the schools and classrooms, and decision-makers on planning and management teams. They are outreach workers building bridges between school and community, and they are their children's first and most valued teachers.

Does ATLAS work? The program leaders state: "Although ATLAS Communities is a relatively new entity, the four partner organizations who joined together to create ATLAS have long individual histories. They share over eighty years of successful efforts in working with schools across the country. The Coalition of Essential Schools at Brown University, founded in 1984, has grown to a partnership of over 350 schools. The Project Zero Development Group at Harvard has been conducting research and working in schools since 1967. The Comer School Development Program began its work in the New Haven, Connecticut schools in 1968. The oldest of the organizations, Education Development Center, just celebrated its 35th year of working in all areas of school improvement both nationally and internationally. These four organizations are each well known for different aspects of the school improvement process, and the power of ATLAS Communities lies in the synergy of this partnership."

For more information, contact:

ATLAS Communities, Education Development Center, 55 Chapel Street, Newton, MA 02160
Ph: (617) 969-7100

New American Schools Development Corporation, 1000 Wilson Blvd., Suite 2710, Arlington, VA 22209
Ph: (703) 908-9500

School Development Program's website -- http://info.med.yale.edu/comer/atlas.html

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♦ *COMMUNITY SCHOOLS*

Children involved in the Children's Aid Society (CAS) Community Schools' initiative have boosted their reading and math scores each year, even though more than half of them have limited English proficiency. Suspensions are down, and parental involvement is strong. Also, attendance records for teachers and students are among the highest in New York City. CAS is a partnership between the NY City Board of Education, the school district and community organizations. The program serves predominantly new immigrants with low income. Their goal is to develop a model of public schools that combines teaching and learning with the delivery of a variety of social, health and youth services emphasizing community and parental involvement.

Reference:

Learning Together: A Look at 20 School-Community Initiatives. September 1998. Mott Foundation, 1200 Mott Foundation Building, Flint, MI 48502-1851. http://www.mott.org

For more information, contact:

Pete Moses, Children's Aid Society, 105 E. 22nd St. NY, NY 10010. (212) 949-4921.

The West Philadelphia Improvement Corps is a school-community program that provides education, recreation, social and health services for students and neighborhood residents. Thirteen elementary, middle and high schools serve as sites for activities during and after school that focuses on areas such as health, environment, conflict resolution, peer mediation and extended day apprenticeships in the construction trades. This initiative showed a variety of positive effects over a four-year period. Attendance and grade promotion rates improved 3% for students enrolled at Turner Middle School while suspensions dropped by 65%. During the same period, student involvement in school tripled, and parent attendance at school functions increased by 50%.

Reference:

Learning Together: A Look at 20 School-Community Initiatives. September 1998. Mott Foundation, 1200 Mott Foundation Building, Flint, MI 48502-1851. http://www.mott.org

For more information, contact:

Joann Weeks, WEPIC, 133 S. 36th St., Suite 519, Philadelphia, PA 19104-3246. (215) 898-0240.

♦ *CHARTER SCHOOLS*

A new report from the U.S. Department of Education states that half of U.S. charter pupils belong to minority groups (compared to a third in conventional schools). Between 34% and 41% come from low-income families. According to parents, special education students, gifted students, and LEP (limited English proficiency) students are all making academic gains in their charter schools. Data is fragmented, no definite answers can be provided at this time for charter school pupils in the country as a whole. However, early signs are promising. For example, at six of eight Massachusetts charter schools where students have been tested, academic gains were greater than is typically found in regular public schools. (The other two cases were inconclusive.) In Lawrence, second-, third-, and fourth-grade students at Community Day Charter School advanced an average of 1.5 years in eight months. In Springfield, where Sabis (a for-profit firm) took over the town's worst elementary school, students in grades two through seven gained 1.5 years in seven months. At the Benjamin Franklin Charter School, second through fourth graders, on average, increased more than a full grade level in five months. At Lowell Middlesex Academy, former drop-outs showed gains of 12.5 percentage points on the College Board Computerized Placement Test from fall to spring (It should be noted that in Massachusetts, each charter is permitted to pick its own standardized test because of a perhaps-temporary dearth of statewide tests. Thus, comparing data across schools is difficult.) [2]

Minnesota basic graduation test results, compared to host districts showed, two out of three charter schools had a higher percentage of students passing these exams in reading and one out of two had a higher percentage passing in math. [2]

A report commissioned by the Colorado Department of Education examined 14 Colorado charter schools and found the following: all of the schools had set performance goals, six could demonstrate that they have met or exceeded a significant portion of their goals, and five were able to document meeting or making progress toward most of their goals. (The remaining three were not able to provide sufficient data to document their progress.) [2]

Test scores jumped dramatically during the first year of the Excel Charter Academy in Grand Rapids, Michigan. Students were tested in the fall of 1995 and again in the spring of 1996 using the Metropolitan Achievement Test (MAT-7). The fall test showed that only 28 percent of first through third graders scored above the national average. The spring test showed dramatic improvements: across all grade levels, an average of 69 percent of the students scored above the national average. Scores in reading, math, and language all improved over the course of the year. First-grade reading scores jumped 25 points and third-grade math scores jumped 28 points. [2]

Five charter schools were evaluated over a four year period of time. Students in these school maintained or showed slight improvement in their performance over time with respect to

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students in a comparison group of non-charter District schools, with a few exceptions. In the analysis of average achievement data, charter schools that began with high average scores (i.e., scores above the national average), continue to maintain their high average scores over time. In addition, schools tend to have comparable, and occasionally higher, average scores than most of their comparison schools across tests. Of the charter schools with lower average scores (i.e., scores below the national average), average reading scores in English across four years were generally below the 25th percentile, with mathematics and language scores somewhat higher. Despite their lower scores, the position of these students relative to students in comparison schools improved over time. In Spanish assessments, students in these two schools made marked gains, by 1996-97, these students scored at or near the national average. Overall, there are two basic patterns among charter schools - those schools whose students consistently score at or above the 50th percentile and those whose students consistently fall below the 50th percentile. For the most part, charter schools are able to retain similar, and often higher, proportions of students than their comparison schools. Percentages range from an increase of about 77% to 80% in one school, to as much as 90% increasing to 94% in another school. [1]

For more information, see:

1. Cross Site Report: The Findings and Implications of Increased Flexibility and Accountability: An Evaluation of Charter Schools in Los Angeles Unified School District (LAUSD), August 1998.
http://www.wested.org/policy/pubs/full_text/lausd.htm
Contact: Kathy Swank, at LAUSD's School Reform/LEARN Office: (213) 625-6530.

2. HUDSON INSTITUTE: Charter Schools in Action Project Final Report, 1997
http://edexcellence.net/chart/charttoc.htm
Contact: The Thomas B. Fordham Foundation, 1627 K Street, NW, Suite 600, Washington, D.C. 20006. (202) 223-5452; (202) 223-9226 (fax) / (888) TBF-7474 (publications line); Email: PetrilliM@aol.com

♦ *A FEW OTHER COMPREHENSIVE MODELS*

***Families And Schools Together (FAST)*:** This family-based program is designed to reduce causal factors related to three problems: alcohol and drug use; violence and delinquency; and school dropout. It has been implemented at more than 250 sites in 24 states and Canada and has been translated into Spanish and used with multilingual groups. Targets schoolchildren (ages 4 to 9) who have been found in kindergarten to have high rates of aggression, noncompliance, and behavior problems. Evaluations indicate that families participating in the first phase (8 weeks) of the program demonstrated an increase in children's attention spans and self-esteem; decrease in children's problem behaviors; stronger parent-child relationships; enhanced overall family functioning; greater family networking; and greater level of comfort in families' dealings with schools and other community resources.

Contact & Resources:

FAST: Families And Schools Together, Family Service America, 11700 West Lake Park Dr., Milwaukee, WI 53224-3099; (800) 221-3726.

McDonald, L., Billingham, S., Dibble, N., Rice, C., & Coe-Braddish, D. (January 1991). Families And Schools Together: An innovative substance abuse prevention program. Social Work in Education: A Journal of Social Workers in School, 13 (2), 118-128.

***FAST Track Program*:** This comprehensive and long-term prevention program aims to prevent chronic and severe conduct problems for high-risk children. It is based on the view that antisocial behavior stems from the interaction of multiple influences, and it includes the school, the home, and the individual in its intervention. Its content areas include parent training, home visitations, social skills training, academic tutoring, and a classroom intervention. Spanning grades 1 through 6, it is most intense during the key periods of entry to school (first grade) and transition from grade school to middle school. An evaluation of 3 cohorts who have completed first grade has been performed, and follow-up studies are underway. Compared to controls, participants have shown the following positive effects: Better teacher and parent ratings of children's behavior with peers and adults. Better overall ratings by observers on children's aggressive, disruptive, and oppositional behavior in the classroom. Less parental endorsement of physical punishment for children's problem behaviors. More appropriate discipline techniques and greater warmth and involvement of mothers with their children. More maternal involvement in school activities. Children in FAST Track classrooms nominated fewer peers as being aggressive and indicated greater liking and fewer disliking nominations of their classmates.

For more information, see:

Conduct Problems Prevention Group (Karen Bierman, John Coie, Kenneth Dodge, Mark Greenberg, John Lochman, and Robert McMahon) (1996). Abstract: An Initial Evaluation of the Fast Track Program. Proceedings of the Fifth National Prevention Conference, Tysons Corner, VA, May.

Conduct Problems Prevention Group (Karen Bierman, John Coie, Kenneth Dodge, Mark Greenberg, John Lochman, and Robert McMahon) (1992). A developmental and clinical model for the prevention of conduct disorder: The FAST Track Program. Development & Psychopathology, 4, 509-527.

For program information, contact:

Kenneth Dodge, John F. Kennedy Center, Box 88 Peabody College, Vanderbilt University, Nashville, TN 37203, (615) 343-8854, URL: www.fasttrack.vanderbilt.edu

***Project ACHIEVE*:** This school-wide reform process is designed to improve the academic and social progress of at-risk and underachieving students in Chapter I schools. It provides training in problem-solving, social skills and anger management, effective teaching, curriculum based assessment, parent education, social and academic behavior, organizational planning, organizational development and evaluation. Studies report a 75% decrease in student referrals for special education assessment and a decline in the number of students placed in special education from 6% to 2% after the third year of the program. Also, a 28% decline in total disciplinary referrals to the principal's office; a decline in student grade retention from 6% to 1% in the third year; and a decline in out-of-school suspensions from 9 incidents per 100 students to 3 incidents during the third year was observed. The number of suspensions and the intensity of problem behaviors declined and achievement test scores improved.

For more information, see:

Knoff, H.M., Batsche, G.M. (1995). *Project ACHIEVE*: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review*, 24(4), 579-603.

Knoff, H.M., Batsche, G.M. (1995). *Project ACHIEVE*: A collaborative, school-based school reform process to improve the academic and social progress of at-risk and underachieving students. Information packet. Tampa, Florida: University of South Florida. Submission to Program Effectiveness Panel, NDN, December 1994.

For program or evaluation information, contact:

Drs. Knoff & Batsche, Institute for School Reform, Integrated Services and Child Mental Health and Educational Policy, School Psychology Program, University of South Florida, FAO 100U, Room 268, Tampa, FL 33620-7750, (813)974-3246 / fax: (813)974-5814

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Project PATHE: Project PATHE is a comprehensive program implemented in secondary schools that reduces school disorder and improves the school environment to enhance students' experiences and attitudes about school. More specifically, it increases students' bonding to the school, self-concept, and educational and occupational attainment which, in turn, reduce juvenile delinquency. Project PATHE helps all students attending middle and high schools that serve high numbers of minority students in both inner-city and rural, impoverished areas. It provides additional treatment for low-achieving and disruptive students. The program's success derives from its ability to effect school change in a number of ways:

- Staff, students, parents, and community members work together to design and implement improvement programs.
- School-wide academic weaknesses and discipline problems are diagnosed and strengthened through innovative teaching techniques and student team learning, as well as the development of clear, fair rules.
- The school climate is enhanced through added extra-curricular activities, peer counseling services, and school pride campaigns.
- Career attainment is emphasized by adding job-seeking skills programs and career exploration programs.
- At-risk students receive additional monitoring, tutoring, and counseling aimed at improving their self-concept, academic success, and bonds to the social order.

Outcomes -- Evaluations conducted after one year for high schools and two years for middle schools demonstrate significant improvement for PATHE schools, compared to control schools:

- Self-reported delinquency (serious delinquency, drug involvement, suspensions, and school punishments) declined for PATHE high schools, while it increased in the comparison school;
- School alienation (individuals' sense of belonging) decreased in all treatment schools;
- Attachment to school increased in the treatment middle schools, while decreasing in the comparison school; and
- School climate and discipline management improved in all the treatment schools.

The PATHE program also showed positive effects for the at-risk students, compared to control students, including:

- Higher rates of graduation for high school seniors;
- Higher scores on standardized tests of achievement; and
- Increased school attendance.

References:

Gottfredson, D. C. (1990). Changing school structures to benefit high-risk youths. Understanding Troubled and Troubling Youth: Multidisciplinary Perspectives. Newbury Park, CA: Sage.

Gottfredson, D.C. (1986). An empirical test of school-based environmental and individual interventions to reduce the risk of delinquent behavior. Criminology, 24, 705-731.

For more information, contact:

Center for the Study and Prevention of Violence, University of Colorado, Boulder Institute of Behavioral Science, Campus Box 442, Boulder, CO 80309-0442. Phone: (303) 492-8465, Fax: (303) 443-3297, E-mail: cspv@colorado.edu http://www.colorado.edu/cspv

V. A Few Thoughts about the State of the Art

Available Data Support the Need for and Value of a Comprehensive, Multifaceted Approach for Addressing Barriers to Learning

As stressed in the first part of this document, we approach mental health activity in schools as one facet of a comprehensive approach to addressing barriers to learning and enhancing healthy development. The intent of all such activity, of course, is to enhance outcomes for children and adolescents.

It should be clear from the sample of work reviewed throughout this document that an extensive literature reports positive outcomes for a wide range of interventions that schools can draw on to address barriers to learning and enhance healthy development. Outcomes indicate benefits not only for schools, but for society. At the same time, it must be recognized that school interventions reporting strong outcomes usually are evaluated under special conditions. The best outcomes tend to come from those that are narrowly focused, implemented with considerable fidelity in tightly structured situations, and which report outcomes from evaluations conducted over a relatively short period of time. It remains an unanswered question whether the results of many of these "projects" will hold up when long-range follow-up data are gathered or when the prototypes are translated into widespread applications. Indeed, the implications from research exploring these matter have not been heartening and underscore the reality that those who set out to enhance outcomes for large numbers of young people must make major changes in the systems that determine development and learning. In particular, this involves changing schools and schooling. Such changes encompass three enormous tasks. The first is to develop prototype interventions. The second is to combine prototypes for different concerns into comprehensive approaches to promoting healthy development and addressing barriers to learning. The third involves large-scale replication. One without the others is insufficient. Yet, it remains the case that attention is paid mainly to developing and validating narrow prototype interventions.

It is a truism that the limitations of any program evaluation will be evident to most researchers. No intervention included in this document is beyond criticism -- some more than others. Nevertheless, a reasoned analysis of the growing body of evidence offers invaluable guidance for the future. From our perspective, the work reviewed in this document is best appreciated as a case where the whole is greater than the sum of the parts and where implications should be inferred from the total picture and from analyses of what's still missing.

When viewed through the lens of addressing barriers to learning and promoting healthy development, we suggest that, taken as a whole, the interventions reviewed in this document underscore the following points.

Each intervention:

- underscores matters of considerable concern to the school(s) involved that need to be addressed on a regular basis,
- points to some positive outcomes,
- by itself had a rather small overall impact compared to the nature and scope of the concern addressed,
- raises the question of how much greater the impact might have been if the most promising approaches for different areas of concern had been combined into a comprehensive, multifaceted, and integrated approach.

It is unfortunate that no formal studies have yet been done to determine the impact of truly comprehensive approaches for addressing barriers to learning. There are some natural experiments going on however that suggest the promise of ensuring that all youngsters are provided with a full and comprehensive continuum of such interventions. These are playing out in schools and neighborhoods where families are affluent and can purchase whatever additional programs and services they feel will maximize their youngsters' well-being. One positive impact of such interventions is suggested by the achievement test scores of such youngsters as compared to those whose families, schools, and neighborhoods cannot provide a comprehensive package of programs and services. Such natural experiments highlight the simple truth that those who can afford the interventions clearly understand their value and are not demanding better evidence of outcomes. The absence of such approaches in many schools and neighborhoods underscores profound societal inequities that reflect some unfortunate socio-economic facts of life. Any focus on differences in intervention outcomes *among* schools must take such inequities into account, and policy makers who want to achieve better outcomes for the many youngsters whose families cannot afford to buy additional programs and services need to do more than demand results.

A Few Other Cautions About a Results Orientation

The process of evaluating results is costly in terms of financial investment, the negative psychological impact on those evaluated, and the ways it can inappropriately reshape new approaches.

(1) *Available evidence is insufficient to support any policy that restricts schools to use of empirically supported interventions*. The simple truth is that we don't know enough, and those practices that have the best data are too not sufficient to address the concerns confronting schools. The search for better practices remains a necessity. At best, the work accomplished to date provides a menu of promising prevention and corrective practices.

(2) *Short-range objectives do not ensure long-range outcomes.* Because of the increased interest in accountability, many complex aims are broken down into specific objectives. Indeed, short-range *objectives* stated in measurable terms generally assume a central role in planning. However, short-range objectives are not ends in themselves; they are a small part of a particular goal and aim and sometimes are prerequisites for moving on to a goal. It is essential not to lose sight of the fact that many specific objectives are relatively small, unrepresentative, and often unimportant segments of the most valued aims society has for its citizens -- and that citizens have for themselves. Unfortunately, as accountability pressures increase, we find that school interventions are guided more by what can be measured than by long-range aims. That is, demands for immediate accountability reshape practices so that the emphasis shifts to immediate and readily measured objectives and away from fundamental purposes. Over time, this inappropriately leads to radical revision of the underlying rationale for an intervention. The problem is well exemplified by the narrow focus found in reviews, analyses, and reanalyses of data on interventions to enhance school readiness.

(3) *Overemphasis on evaluating the efficacy of underdeveloped prototypes draws resources away from formative evaluation.* In implementing a program, the first accomplishment is implementation itself: Have all facets been implemented? How completely has each been implemented? With specific respect to replication on a large scale, at how many locations has the program been well-implemented? The next set of results are any indications of progress for students, such as improvements in attitudes toward school, health, attendance, behavior, and academic achievement. A final set of evaluation concerns is the degree to which student outcomes approximate societal standards. Cost-effective outcomes cannot be achieved in the absence of effective prototype development and research. *Premature* efforts to carry out comprehensive summative evaluations clearly are not cost-effective. Any reading and writing program will show poor results if it is evaluated before teachers have mastered its application.

(4) *The psychology of evaluation suggests that an overemphasis on "accountability" tends to produce negative reactions.* Once a prototype is established, care must be taken to avoid developing outcome evaluation as an adversarial process. One possible way to counter this may be to conceive evaluation as a way for every stakeholder to self-evaluate as a basis for quality improvement and as a way of getting credit for all that is accomplished. Because of the political realities related to accountability, one of the most perplexing facets to negotiate is the time frame for summative evaluation. The more complex the prototype, the longer it takes and the costlier it is to implement and evaluate. Schools usually want quick processes and results and, of course, rarely can afford costly innovations or lengthy diffusion activity. Compromises are inevitable but must arrived at with great care not to undermine the substance of proposed changes.

None of this, of course, is an argument against evaluating results. Rather, it is meant to underscore concerns and encourage greater attention to addressing them.

VI. References & Resources

A. On Outcomes Findings from Interventions relevant to Addressing Barriers to Learning

1. Books, book chapters, compendia, articles, briefs, reports*

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Center for Effective Collaboration and Practice, *Systems of Care: Promising Practices in Children's Mental Health.* American Institutes for Research 1000 Thomas Jefferson St., NW, Suite 400, Washington, D.C. 20007 (888) 457-1551 / (202) 944-5400 email: center@air-dc.org http://www.air-dc.org/cecp/promisingpractices/documents.htm#6

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2. Agencies and Websites

The Center for Mental Health Services (CMHS) Knowledge Exchange Network (KEN) http://www.mentalhealth.org

KEN provides information about mental health via a toll-free telephone number (800-789-2647), and more than 200 publications. CMHS developed KEN for users of mental health services and their families, the general public, policy makers, providers, and the media. Toll-Free Telephone Service staff are skilled at listening and responding to questions from the public and professionals. KEN staff quickly direct callers to Federal, State, and local organizations dedicated to treating and preventing mental illness. Through KEN , people can access a publications list or order articles, booklets, fact sheets, and videos on subjects such as children, adolescents, and their families; community resources; and issues that affect consumers of mental health services. also has information on Federal grants, conferences, and other events.

Contact: P.O. Box 42490, Washington, DC 20015
1-800-789-CMHS (2647) Monday through Friday, 8:30 A.M. to 5:00 P.M., EST /
Telecommunications Device for the Deaf (TDD): 301-443-9006
Fax: 301-984-8796
Email: ken@mentalhealth.org

ERIC Educational Resources Information Center
http://www.accesseric.org/

Funded by OERI, is a nationwide information network that acquires, catalogs, summarizes, and provides access to education information from all sources. The data base and ERIC document collections are housed in about 3,000 locations worldwide, including most major public and university library systems. ERIC produces a variety of publications and provides extensive user assistance, including AskERIC an electronic question answering service for teachers on the Internet. The ERIC system includes 16 subject-specific Clearinghouses, the ERIC Processing and Reference facility, and ACCESS ERIC which provides introductory services.

Safe & Drug-Free Schools (SDFS) Program
http://www.ed.gov/offices/OESE/SDFS/

This program is the federal government's primary vehicle for reducing violence and the use of drugs, alcohol and tobacco through education and prevention activities in our nation's schools.

University of Michigan Documents Center
http://www.lib.umich.edu/libhome/Documents.center/

The Documents Center is a central reference and referral point for government information, whether local, state, federal, foreign or international. Its web pages are a reference and instructional tool for government, political science, statistical data, and news.

U.S. Department of Education's (ED)
http://www.ed.gov/

Provides useful and timely information about programs, policies, people, and practices that exist at the Department. The ED WWW server is a great entry point to the information not only at the U.S. Department of Education but also in much of the education community.

B. On Evaluating Outcomes

1. Books, book chapters, articles, briefs, reports, etc.

Adelman, H.S. & Taylor, L. (1993). *Learning Problems and Learning Disabilities: Moving Forward.* Pacific Groves, CA: Brooks/Cole.
The chapter entitled "Evaluating Effectiveness" (pp. 253-267) provides a general introduction covering the importance of focusing on specific results and choosing appropriate measures. Also included is an overview of Robert Stake's evaluation framework.

Burchard, J.D. & Schaefer, M. (1992). Improving accountability in a service delivery system in children's mental health. *Clinical Psychology Review, 12*, 867-882.
Discusses increasing concern for public agency accountability and limitations of traditional evaluation methods for meeting this need. Three methods are described to monitor the progress of children receiving services within a public service delivery system ... measurement of daily adjustment, residential and educational service tracking, and an approach for integrating and displaying individual case information related to child behavior, life and family events, services received, and service costs. Also discussed are methods to track units of service and youth and parent satisfaction.

Essock, S. & Goldman, H. (1997). Outcomes and evaluation: System, program and clinician level measures In K. Minkoff & D. Pollack (Eds.) *Managed Mental Health Care in the Public Sector: A Survival Manual.*Singapore: Harwood Academic Publishers. (pp. 295-307).
Focuses on measurement of outcomes relevant to managed care mental health service systems. Topics include a framework for evaluating mental health services, what should be measured, and how outcome data are collected.

Hargreaves, W., Shumway, M., Hu, T., & Cuffel, B. (1998). *Cost-Outcome Methods for Mental Health.* (242 pp.) San Diego CA: Academic Press.
Discusses various approaches to cost-outcome studies, especially cost-effectiveness and cost-utility analysis as they apply to mental health services; designing cost-outcome studies; measuring costs interventions, and outcomes; analyzing study results; and using findings to guide policy and practice.

Herman, J.L., Morris, L.L., & Fitz-Gibbon, C.T. (1987). Evaluator's Handbook: Vol. 1 (160 pgs.), In *Program Evaluation Kit.* Thousand Oaks, CA: Sage. (phone: 805/499-9774)
This volume provides a broad overview of evaluation planning and a practical guide to designing and managing programs. Attention is given to establishing an evaluation's parameters, the how-to's of formative and summative evaluation, and combining quantitative and qualitative approaches. Also covered are user needs and socio-political factors influencing an evaluation.

Weiss, H.B. & Jacobs, F.H. (1988). *Evaluating family programs.* (556 pp.) Hawthorne, NY: Aldine de Gruyter.
Presents a broad developmental framework for evaluation applicable to both small community programs and large research and demonstration programs. Reviews and recommends measures for assessing effectiveness at multiple levels, including child, parent-child interaction, parent, family system, family stress and coping, and intra- and extrafamilial social support.

Yates, B.T. (1996). *Analyzing Costs, Procedures, Processes, and Outcomes in Human Services.*Thousand Oaks, CA: Sage. (161 pp.)
Introduces techniques for performing cost-effectiveness analysis and cost-benefits analysis in mental health and other human services.

In addition, our Center has a variety of resources, such as:

Mental Health in Schools: Quality Control, Evaluating Outcomes, and Getting Credit for All You Do
A brief discussion emphasizes viewing children and children's services from a holistic perspective (e.g., viewing children in the context of families and communities). States that in order to provide services that enhance outcomes for many clients, it often is necessary also to evaluate the systems that determine such outcomes (e.g., family education support programs, school-based health centers, off-site services, the community at large). Reviews issues and possible solutions concerning evaluation for improving systems and processes, evaluation of outcomes (e.g., student outcomes), and evaluating the impact on families and the community.

Evaluation, Accountability, and Mental Health in Schools
A brief discussion reviewing the different interested parties that have a stake in accountability (e.g., society, the institution of schooling, and youngsters and their families) and the different indicators and measures that each party requires. Also explores the need for sampling and appropriate standards for comparison.

Both brief papers are included in our Center's introductory packet on *Evaluation and Accountability: Getting Credit for All You Do.* Available at cost ($3.50).

2. Guidebooks and models

Evaluating the Outcome of Children's Mental Health Services: A Guide for the Use of Available Child and Family Outcome Measures (1995) -- by T.P. Cross & E. McDonald
Discusses ways to use available standardized child and family outcome measures in the development of an outcome measurement plan. Describes the process used to select a standard instrument; discusses criteria used as the basis for instrument selection; presents basic information on a selected set of instruments suitable for use in measuring child and family outcomes.
Contact: The Technical Assistance Center for the Evaluation of Children's Mental Health Systems Judge Baker Children's Center, 295 Longwood Ave., Boston, MA 02115 Phone: (617) 232-8390/ Fax: (617) 232-4125

Center for the Study of Evaluation: Program Evaluation Kit (1987)
This nine volume kit offers a step-by-step guide to planning and conducting program evaluations. Titles include: *Evaluator's handbook, How to focus on evaluation, How to design a program evaluation, How to use qualitative methods in evaluation, How to assess program implementation, How to measure attitudes, How to measure performance and use tests, How to analyze data, and How to communicate evaluation findings.*
Contact: Sage Publications, Inc., P.O. Box 5084, Thousand Oaks CA 91359-9924
Telephone: (805) 499-9774 Fax: (805) 499-0871
Web: order@sagepub.com

How Good is Your Drug Abuse Treatment Program? A Guide to Evaluation (1993) -- by the National Institute on Drug Abuse (NCADI #BKD104)
Outlines a 52 week evaluation plan and steps necessary to meet each week's goals. The model encompasses developing a program plan, with concrete objectives and goals; organizing resources; operationalizing measures; developing a research design; collecting and analyzing data; and reporting and using findings. Also outlined is how to use the developments from earlier steps as stepping stones to later ones. Although the model pertains to drug treatment programs, the basic strategies can be applied to various intervention programs.
Contact: The National Technical Information Service order desk, 5285 Port Royal Road Springfield, VA 22161 Phone: 703-487-4650 FAX: 703-321-8547 (To verify receipt of fax, call 703-487-4679) For RUSH service: 1-800-553-NTIS

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K. Hoagwood, P. S. Jensen, T. Petti, & B. J. Burns (1996). **Outcomes of Mental Health Care for Children and Adolescents: I. A Comprehensive Conceptual Model**. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*.

Outlines a dynamic and interactional model of outcomes that broadens the range of intended consequences of care. It comprises five domains: Symptoms, functioning, consumer perspectives, environmental contexts and systems. The model reflects the changeable interaction between children's evolving capacities and their primary environments (home, school, and community).

A. Rosenblatt & C. Attkinsson (1993). **Assessing outcomes for sufferers of severe mental disorder: a conceptual framework and review.** *Evaluation and Program Planning, 16*, 347-363.

Presents a conceptual framework to classify the outcomes of services (and thus outcome measures). The classification framework integrates three dimensions: (1) respondent type, which reflects a range of social perspectives: client, family, social, clinician, and scientist; (2) social context of measurement, which states that measures must be taken in the context of all areas of functioning: individual/self, family, work/school, community; (3) treatment outcomes, is based on the need for multiple measures and a, proaches to measuring outcomes for persons suffering from severe mental disorders.

3. Agencies and Websites

In addition to our Center and the Center for School Mental Health Assistance (University of Maryland at Baltimore http://csmha.umaryland.edu) -- which provide technical assistance support and put out a variety of publications -- the following agencies and websites can also be of assistance. Internet websites can be goldmines of information. They have reports, publications, online resources (e.g., catalogs, technical assistance), model programs, and links to other resources.

American Evaluation Association

An international professional association of evaluators devoted to the application and exploration of program evaluation, personnel evaluation, technology, and many other forms of evaluation. Evaluation involves assessing the strengths and weaknesses of programs, policies, personnel, products, and organizations to improve their effectiveness.

http://www.eval.org/

Assessment and Evaluation on the Internet

This site offers links to several other sites related to assessment and evaluation.

http://www.tier.net/schools/aei.htm

Buros Institute of Mental Measurements

Provides professional assistance, expertise, and information to users of commercially published tests. The Institute promotes meaningful and appropriate test selection, utilization, and practice. The Buros Institute encourages improved test development and measurement research through thoughtful, critical analysis of measurement instruments and the promotion of an open dialogue regarding contemporary measurement issues. The Institute's goals of serving the public interest and contributing positively to the measurement field are accomplished through several avenues: publication of the Mental Measurements Yearbook and Tests in Print series, presentation of the Buros-Nebraska Symposium on Measurement and Testing, sponsorship of the journal Applied Measurement in Education, and direct professional consultation. Subjects covered include: Achievement, Behavior Assessment, Developmental, Education, Intelligence and Scholastic Aptitude, Mathematics, Multi-Aptitude Batteries, Neuropsychological, Reading, Science, and Speech and Hearing.

http://www.unl.edu/buros/subburos.html

ERIC--Clearinghouse on Assessment and Evaluation

The Educational Resources Information Center (ERIC) is a national information system. One of its divisions focuses on assessment and evaluation, providing access to technical assistance services as well as documents and reports, test banks, and more. Their web site provides links to relevant sites and information on many other ERIC programs and services.

Contact: O'Boyle Hall, Department of Education, The Catholic University of America Washington, DC 20064 Website: http://ericae.net

The Evaluation Clearinghouse

Specializes in linking to useful information and organizations related to evaluation and assessment; has online documents, information discussion groups, links to relevant evaluation organizations and think tanks, and more.

Website: http://www3.sympatico.ca/gpic/evalweb.htm

Harvard Family Research Project

Focuses on family support programs and policies; provides technical assistance to a nationwide network of practitioners, policy makers, and educators. Publishes "The Evaluation Exchange," a quarterly newsletter; their website links to agencies, foundations and think tanks involved in child and family issues and research.

Contact: Harvard Family Research Project, 38 Concord Avenue, Cambridge, MA 02138 Phone: (617) 495-9108 Email:hfrp@hugse1.harvard.edu
Website: http://gseweb.harvard.edu/~hfrp/index.html

National Center for Educational Outcomes (NCEO)

Specializes in the identification of outcomes, indicators, and assessments to monitor educational results for all students including students with disabilities. Has an extensive publication list, a directory of assessment projects, a national network of technical assistance providers.

Contact: University of Minnesota, 350 Elliott Hall, 75 East River Road Minneapolis, MN 55455
Phone: (612) 626-1530 Fax: (612) 624-0879
Website: http://www.coled.umn.edu/nceo/

C. Other Relevant Resources from our Center

If you need additional assistance, we have the following resources:

1. Documents from our Clearinghouse

Our Center has compiled an extensive clearinghouse on a variety of topics relevant to addressing barriers to learning. The attached list summarizes our current holdings related to evaluation.

2. Consultation Cadre

Sometimes the best way to get information is to talk with someone who has successfully done what you want to do. Our center has compiled a list of professionals from all parts of the country who are willing to provide free informal consultation. See our website and search by topic to find cadre members who have identified themselves as having evaluation expertise.

3. Center staff who can provide additional technical assistance

Our center is continually updating and expanding resources. If you need additional information regarding this or any other issue that pertains to mental health in schools, please feel free to contact us.

A Set of Surveys to Map What a School Has and What it Needs to Address Barriers to Learning

Every school needs a learning support or "enabling" component that is well-integrated with its instructional component. Such an enabling component addresses barriers to learning and promotes healthy development.

The School Mental Health Project at UCLA has developed a set of self-study surveys covering six program areas and the leadership and coordination systems every school must evolve to enable learning effectively. In addition to an overview Survey of System Status, there are status surveys to help think about ways to address barriers to student learning by enhancing

- classroom-based efforts to enhance learning and performance of those with mild-moderate learning, behavior, and emotional problems
- support for transitions
- prescribed student and family assistance
- crisis assistance and prevention
- home involvement in schooling
- outreach to develop greater community involvement and support--including recruitment of volunteers

This type of self-study is best done by teams. For example, a group of teachers could use the items to discuss how the school currently supports their efforts, how effective the processes are, and what's not being done. Members of the team initially might work separately in filling out the items, but the real payoff comes from discussing them as a group. The instrument also can be used as a form of program quality review. In analyzing the status of the school's efforts, the group may decide that some existing activity is not a high priority and that the resources should be redeployed to help establish more important programs. Other activity may be seen as needing to be embellished so that it is effective. Finally, decisions may be made regarding new desired activities, and since not everything can be added at once, priorities and timelines can be established.

The surveys are available from: Center for Mental Health in Schools, UCLA, Box 951563, Los Angeles, CA 90095-1563 Phone: (310) 825-3634 Fax: (310) 206-8716 E-mail: smhp@ucla.edu

They may also be downloaded from the Center's Website: http://smhp.psych.ucla.edu

Appendix A: Classroom-Focused Enabling

The following are brief summaries and related information on the classroom-focused enabling programs listed in Table A.

1. Small Classes / Small Schools

a. *Research Consensus*: A consensus of research indicates that class size reduction in the early grades leads to higher student achievement. Researchers are more cautious about the question of the positive effects of class size reduction in 4th through 12th grades. The significant effects of class size reduction on student achievement appear when class size is reduced to a point somewhere between 15 and 20 students, and continue to increase as class size approaches the situation of a 1-to-1 tutorial. The research data from the relevant studies indicate that if class size is reduced from substantially more than 20 students per class to below 20 students, the related increase in student achievement moves the average student from the 50th percentile up to somewhere above the 60th percentile. For disadvantaged and minority students the effects are somewhat larger. Students, teachers, and parents all report positive effects from the impact of class size reductions on the quality of classroom activity.

For more information, see:
Pritchard, I., (1999). *Reducing Class Size What Do We Know?* National Institute on Student Achievement, Curriculum and Assessment, Office of Educational Research and Improvement, U.S. Department of Education.

To obtain copies of *Reducing Class Size: What Do We Know?* (SAI 98-3027), or ordering information on other U.S. Department of Education products, call toll-free 1-877-4ED-Pubs (877-433-7827) or write to the Education Publications Center (ED Pubs), U.S. Department of Education, P.O. Box 1398 , Jessup, MD 20794-1398. TTY/TTD 1-877-576-7734 / FAX 301-470-1244.
http://www.ed.gov/pubs/ReducingClass/Class_size.html

b. *Research on Impact of Student/Teacher Ratios*: Analyzed a substantial database about the Texas educational system (from over 800 districts containing more than 2.4 million students). For first through seventh grades, it was found that district student achievement fell as the student/teacher ratio increased for every student above an 18 to 1 ratio. Measures of teacher quality (that is, teacher literacy skills and professional experience) were even more strongly related to higher student scores.

For more information, see:
Ferguson, R. F. (1991). Paying for public education: New evidence on how and why money matters. *Harvard Journal on Legislation, 28* (2): 465-498.

c. *Review of Research*: Review of more than 100 studies using a related cluster analysis approach to group together similar kinds of research studies (e.g., same grade level, subject area, student characteristics). Reducing class size was found especially promising for disadvantaged and minority students. At the same time, researchers caution that positive effects were less likely if teachers did not change their instructional methods and classroom procedures in the smaller classes.

For more information, see:
Robinson, G. E. and Wittebols, J H. (1986). *Class size research: A related cluster analysis for decision-making*. Arlington, VA: Education Research Service.

d. *Burke County Schools, NC*: In 1990, Burke County, North Carolina pilot-tested and then phased in a class size reduction project in the county school district. Compared to a matched group of students in classes that had not been phased into the smaller class initiative, students in the smaller classes outperformed the comparison group in first, second, and third grades on both reading and mathematics achievement tests. Based on independent observations of classroom activity, the percentage of classroom time devoted to instruction in the smaller classes increased from 80% to 86% compared to the larger classes, while the percentage of time devoted to non-instructional activities such as discipline decreased from 20% to 14%.

For more information, see:
Egelson, P., Harman, P., and Achilles, C. M. (1996). *Does Class Size Make a Difference? Recent Findings from State and District Initiatives*. Washington, DC: ERIC Clearinghouse. ED 398644.

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e. *Project STAR:* The U.S. Department of Education views the following two studies as providing the strongest evidence available to date regarding the positive effects of class size reduction. The evidence from student testing in STAR showed that the students in the smaller classes outperformed the students in the larger classes, whether or not the larger class teachers had an aide helping them. Project STAR found that:

- Smaller class students substantially outperformed larger class students on both standardized (Stanford Achievement Tests) and curriculum-based tests (Basic Skills First). This was true for both white and minority students in smaller classes, and for smaller class students from inner city, urban, suburban, and rural schools.
- The positive achievement effect of smaller classes on minority students was double that for majority students initially, and then was about the same.
- A smaller proportion of students in the smaller classes was retained in-grade, and there was more early identification of students' special educational needs.

The Lasting Benefits Study began a follow-up study to examine whether the effects of the smaller class size experience persisted when students were returned to normal size classes. The study is still ongoing. To date, the research findings include:

- In fourth grade, students from the smaller classes still outperformed the students from the larger classes in all academic subjects.
- In fourth grade, students from the smaller classes were better behaved than students from the larger classes (i.e., student classroom effort, initiative, and disruptiveness).

I. Pritchard, *Reducing Class Size: What Do We Know?* National Institute on Student Achievement, Curriculum and Assessment, Office of Educational Research and Improvement, U.S. Dept of Education. March 1999. 1-877-4ED-Pubs. http://www.ed.gov/pubs/ReducingClass/

f. *Project Challenge*: Beginning in 1990, Tennessee implemented the findings of Project STAR in 16 of the state's poorest school districts. They phased in smaller classes at the kindergarten through third-grade levels in districts with the lowest per capita income and highest proportion of students in the subsidized school lunch program. To evaluate the results of this effort, school district rankings based on student performance as measured on a statewide achievement test were compared. Project Challenge districts moved from near the bottom of school district performance to near the middle in both reading and mathematics for second grade. In addition, in-grade retention of students was reduced in those districts where smaller classes were implemented.

For more information, see:
I. Pritchard, *Reducing Class Size: What Do We Know?* National Institute on Student Achievement, Curriculum and Assessment, Office of Educational Research and Improvement, U.S. Dept of Education. March 1999. 1-877-4ED-Pubs. http://www.ed.gov/pubs/ReducingClass/

g. *Student Achievement Guarantee in Education (SAGE)*: Beginning in 1996-97, Wisconsin began a class size reduction program called the Student Achievement Guarantee in Education (SAGE) Program. SAGE first-grade students performed consistently better than comparison students in mathematics, reading, language arts, and total scores for the Comprehensive Test of Basic Skills. The achievement gap lessened between white and African-American students in the SAGE smaller classes in the first grade, in contrast to a widening of the gap between white and African-American students in the larger classes of the comparison schools.

For more information, see:
Molnar, A., Percy, S., Smith, P., and Zahorik, J. (December 1998). *1997-98 Results of the Student Achievement Guarantee in Education (SAGE) Program*. Milwaukee, WI: University of Wisconsin-Milwaukee.

h. *Impact on Expenditures*: Based on an analysis of data on fourth-graders in 203 districts and eighth-graders in 182 school districts from across the United States, studies found that class size served as an important link between school education spending and student mathematics achievement. At the fourth-grade level, lower student/teacher ratios are positively related to higher mathematics achievement. At the eighth-grade level, lower student/teacher ratios improve the school social environment, which in turn leads to higher achievement. The largest effects for mathematics achievement gains occurred in districts where there were below-average socioeconomic status students, accompanied by above-average teacher costs.

For more information, see:
Wenglinsky, H. (1997). *When money matters: How educational expenditures improve student performance and how they don't*. Princeton, NJ: The Educational Testing Service, Policy Information Center.

1. Achilles et al. 1996 and AIR, RAND, PACE, and EdSource. 1998. Evaluating California's Class Size Reduction Initiative: The Year 1 Data Collection Component. Grant proposal submitted to the Koret Foundation, Palo Alto, CA.
2. Achilles, Charles M., Barbara A. Nye, Jayne B. Zaharias, B. DeWayne Fulton, and C. Cain. 1996. "Education's Equivalent of Medicine's Framingham Heart Study." Washington, DC: ERIC Clearinghouse. ED 402677. See also Mosteller, Frederick. 1995. "The Tennessee Study of Class Size in the Early School Grades." The Future of Children 5 (2): 113-127.
3. California Senate. "Class Size Reduction." S.B. 804. Chaptered August 18, 1997.
4. Egelson, Paula, Patrick Harman and Charles M. Achilles. 1996. Does Class Size Make a Difference? Recent Findings from State and District Initiatives. Washington, DC: ERIC Clearinghouse. ED 398644. See also Finn 1998.
5. Ferguson, Ronald F. 1991. "Paying for public education: New evidence on how and why money matters." Harvard Journal on Legislation 28 (2): 465-498.
6. Finn, Jeremy D. 1998. Class size and students at risk: What is known? What is next? Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, National Institute on the Education of At-Risk Students.
7. Finn 1998 and Charles M. Achilles, 1996. "Students achieve more in smaller classes." Educational Leadership 53 (5): 76-77.
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9. Florida Department of Education. Office of Policy Research. 1998. "The relationship of school and class size with student achievement in Florida: An analysis of statewide data." www.firn.edu/doe/bin00048/home0048.htm.
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12. Krueger, Alan. March 1998. Experimental Estimates of Education Production Functions. Princeton University and NBER.
13. Mitchell, Douglas, Christi Carson, and Gary Badarak. 1989. How Changing Class Size Affects Classrooms and Students. Riverside, CA: California Educational Research Cooperative, University of California.
14. Molnar, Alex, Stephen Percy, Phillip Smith, and John Zahorik. December 1998. "1997-98 Results of the Student Achievement Guarantee in Education (SAGE) Program." Milwaukee, WI: University of Wisconsin-Milwaukee.
15. Mosteller 1995, Finn 1998, and Kickbusch, Ken. 1996. "Class Size." Madison, WI: Wisconsin Education Association Council, Professional Development Division. www.weac.org/resource/may96/classize.htm
16. Mosteller, Frederick, Richard J. Light, and Jason A. Sachs. 1996. "Sustained Inquiry in Education: Lessons from Skill Grouping and Class Size." Harvard Educational Review 66 (4): 797-842.
17. Mueller, Daniel J., Clinton I. Chase, and James D. Walden. 1988. "Effects of Reduced Class Size in Primary Classes." Educational Leadership 45 (7): 48-50.
18. Odden, Allan. 1990. "Class size and student achievement: Research-based policy alternatives." Educational Evaluation and Policy Analysis 12 (2): 213-227.
19. Robinson, Glen E. and James H. Wittebols. 1986. Class size research: A related cluster analysis for decision-making. Arlington, VA: Education Research Service.
20. Sturm, Pepper. 1997. "Nevada's Class-Size Reduction Program." Carson City, NV: Senate Committee on Human Resources. www.leg.state.nv.us/lcb/research/bkground/97-07.HTM. See also Egelson et al. 1996.
21. Texas Education Agency. 1998. "Update on Class Size Waivers, Bilingual Education Exceptions, and Waivers for English as a Second Language." www.tea.state.tx.us/sboe/schedule/9801/dppef010.html
22. Tomlinson, Tom. 1988. Class size and public policy: Politics and panaceas. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement.
23. Wenglinsky, Harold. 1997. When money matters: How educational expenditures improve student performance and how they don't. Princeton, NJ: The Educational Testing Service, Policy Information Center.
24. Wright, Edgar N., Stanley M. Shapson, Gary Eason, and John Fitzgerald. 1977. Effects of Class Size in the Junior Grades: A Study. Toronto, Ontario: Ontario Ministry of Education, Ontario Institute for Studies of Education. See also Molnar et al. 1998.

Reference List from: http://www.ed.gov/pubs/ReducingClass/Class_size.html

2. Prereferral Intervention Efforts

a. *Teacher consultation studies*: Two studies examined the effects of behavioral consultation on pre-referral practices (service-related outcome) and reduction in problem behaviors (symptom reduction).

One study (Fuchs & Fuchs, 1989) assessed the effectiveness of three increasingly inclusive versions of behavioral consultation (BC) on problem behaviors in regular education classrooms. Subjects were 48 teachers, their 48 most difficult-to-teach non-handicapped students, and 12 school consultants. Half of the teachers were randomly assigned to one of three BC variations: problem identification and analysis (BC1); problem identification, problem analysis, and plan implementation (BC2); and problem identification, problem analysis, plan implementation, and evaluation (BC3). The remaining 24 teachers were in the control group. Teacher ratings indicated that the more inclusive variants of BC were more effective than the less inclusive versions in reducing problem behaviors. However, direct observation of student behavior at pre-intervention and post-intervention failed to corroborate these results.

Fuchs, Fuchs, & Bahr (1990) compared a shorter and longer version of a consultant-driven pre-referral intervention to determine if the intervention could be shortened to improve its efficiency without reducing effectiveness. Consultants recruited 92 teachers, 48 of whom were randomly assigned to an experimental (short or long versions) or control condition. The intervention employed a behavioral consultation approach. The longer version included more teacher monitoring whereas the shorter version used more self-monitoring. There was a significant relationship between group membership and referral status. Of the 24 students in both the long and short consultation groups, 5 were referred to special education at the end of the school year. Among the controls, half were referred to special education. Due to interest generated from the initial study, the school system implemented the experimental model into their system.

For more information, see:
Fuchs, D. and Fuchs, L. S. (1989). Exploring effective and efficient prereferral interventions: A component analysis of behavioral consultation. *School Psychology Review*, 18, 260-279.

Fuchs, D., Fuchs, L. S., and Bahr, M. W. (1990). Mainstream assistance teams: Scientific basis for the art of consultation. *Exceptional Children*, 57, 128-139.

b. *Child Development Project (CDP):* This is a multi-year, comprehensive elementary school program to reduce risk and bolster protective factors among children. A longitudinal, quasi-experimental study measured the impact of the CDP on students' involvement in drug use and delinquent behaviors. Analysis showed that between 1992 and 1994 alcohol use declined significantly. Marijuana use showed a similar but not statistically different from control decline. Tobacco-use declined in program and control schools. No significant differences appeared between program and control groups for any other delinquent behaviors. Program effects were strongest for students in the schools with highest levels of implementation. In these schools, students did show significantly lower rates of skipping school, carrying weapons, and vehicle theft than did comparison students in year 2.

For more information, see:
Battistch,V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early Findings from an ongoing multisite demonstration trial. *J. Adolescent Research. 11*, 12-35.

Battistich, V., Solomon, D., Kim, D., Watson, M.M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and students' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal, 32*, 627-658.

Developmental Studies Center, *Child Development Project Replication Manual*, prepared for the Center for Substance Abuse Prevention. center for Substance Abuse prevention, 1995.

The Child Development Project: Summary of findings in Two Initial Districts and the First Phase of an Expansion to Six Additional Districts Nationally. Oakland, CA.: Developmental Studies Center, 1994.

For evaluation information, contact:
Dr. Victor Battistich, Deputy Director of Research, Developmental Studies Center 2000 Embarcadero, Suite 305, Oakland, CA 94606-5300 (510)533-0213 / fax: (510)464-3670

For program information, contact:
Sylvia Kendzior, Director of child Development Project Staff Development, Developmental Studies Center 2000 Embarcadero, suite 305, Oakland, CA 94606-5300 (510)533-0213 / fax: (510)464-3670

c. *I Can Problem Solve (ICPS):* The ICPS program is intended as both a preventive and rehabilitative program to help children in preschool to grade six, resolve interpersonal problems and prevent antisocial behavior. It uses a cognitive approach to teach children how to think. Studies indicate the behaviors most affected were impulsiveness, social withdrawal, poor peer relationships and lack of concern for others; skills having the greatest impact were identifying alternative solutions and predicting consequences. By year five, boys and girls who received 2 years of training scored better than the controls on impulsiveness, inhibition and total behavioral problems. In another study, more children who received the training in pre-kindergarten were rated as "adjusted" than those not exposed (71% vs. 54%, $p>.01$). Program results have been replicated in demonstration sites in a variety of urban, suburban and rural settings, with different ages (through age 12) and racial and ethnic groups and with children from different socioeconomic strata.

For more information, see:
Shure, M.B. *Interpersonal Problem Solving and Prevention*: Five Year Longitudinal Study. Prepared for Department of Health and Human Services, Public Health Service, National Institute of Mental Health, 1993.

Shure, M.B., Spivack, G. Interpersonal cognitive problem solving and primary prevention: Programming for preschool and kindergarten children. *Journal of Clinical and Child Psychology*. 1979; Summer:89-94.

For program or evaluation information, contact:
Myrna B. Shure, Ph.D., Allegheny University, Department of Clinical/Health Psychology, Broad & Vine, Mail Stop 626, Philadelphia, PA 19102-1192, (215)762-7205 / fax: (215)762-4419

d. *Going for the Goal*: This "life skills" program is designed to teach young adolescents a sense of personal control and confidence about their future. It assists youth in identifying positive life goals and developing skills to attain these goals. Compared to a control group, the self-report survey findings indicated that participants learned the program information, were able to achieve the goals they set, and found the process of setting and attaining goals easier than they expected. Compared to a control group, students who participated in *GOAL* had better school attendance and reported a decrease in alcohol use, frequency of getting drunk, smoking cigarettes, other drug use, and violent and other problem behaviors.

For program information, contact:
Steven J. Danish, PhD, Director, The Life Skills Center, Virginia Commonwealth University, 800 W. Franklin Street, Box 842018, Richmond, VA 23284-2018. (804) 828-4384 / fax: (804) 828-0239.

For evaluation information, contact:
Todd C. O'Hearn, Department of Psychology, University of Southern California, Los Angeles, CA 90089-1061. (310) 470-4063 / fax: (213) 746-5994.

e. *Effective Behavior Support (EBS)*: EBS is a school-wide prevention approach that schools adopt as a means of addressing the behavior of all students of all ages. EBS provides behavioral support for students, including students who exhibit chronic behavior problems. Studies report that the program resulted in a decrease in referrals to the principal's office by an average of 42% in the first year of the program. At one elementary school, the implementation of EBS is reported as corresponding with a decrease in the number of discipline referrals, from 7,000 to fewer than a projected 2,000.

For references & contact information, see:
George Sugai & Rob Horner, Co-Directors, Effective Behavior Support Project, Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugune, OR 97403. (541)346-3591.

f. *Behavioral Monitoring and Reinforcing Program:* This early intervention behavior modification program also focuses on teaching thinking skills. Compared to the control group, participants had significantly better grades and attendance at program end. However, the positive effects only appeared after students had been in the program for 2 years. In the year after the intervention ended, students displayed significantly fewer problem behaviors at school. Eighteen months following the intervention, experimental students reported significantly less substance abuse and criminal behavior. Five years after the program ended, experimental youth were 66% less likely to have a juvenile record than were controls.

For references & program information, see:

Bry, B.H. (1982). Reducing the incidence of adolescent problems through preventive intervention: One and five year follow-up. *American Journal of Community Psychology*, 10:265-276.

Bry, B.H., & George, F.E. (1979). Evaluating the improving prevention programs: A strategy from drug abuse. *Evaluation and Program Planning*, 2: 127-136.

Bry, B.H., & George, F.E. (1980). The preventive effects of early intervention on the attendance and grades of urban adolescents. *Professional Psychology*, 11: 252-260.

Brenna H. Bry, Graduate School of Applied and Professional Psychology, Rutgers University, 152 Frelinghuysen Rd., Piscataway, NJ 08854-8085. Tel: (732)445-2189

g. *Seattle Social Development Project*: This universal, multidimensional intervention is designed to decrease juveniles' problem behaviors by working with parents, teachers, and children. It incorporates both social control and social learning theories and intervenes early in children's development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency. The program can be used for the general population and high-risk children (those with low socioeconomic status and low school achievement) attending grade school and middle school. It combines parent and teacher training. Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. These techniques are intended to minimize classroom disturbances by establishing clear rules and rewards for compliance, increase children's academic performance, and allow students to work in small, heterogeneous groups to increase their social skills and contact with prosocial peers. In addition, first-grade teachers teach communication, decision-making, negotiation, and conflict resolution skills; and sixth-grade teachers present refusal skills training. Parents receive optional training programs throughout their children's schooling. When children are in 1st and 2nd grade, 7 sessions of family management training is provided to help parents monitor children and provide appropriate and consistent discipline. When children are in 2nd and 3rd grade, 4 sessions encourage parents to improve communication between themselves, teachers, and students; create positive home learning environments; help their children develop reading and math skills, and support their children's academic progress. When children are in 5th and 6th grade, 5 sessions focus on helping parents create family positions on drugs and encourage children's resistance skills. Evaluations have demonstrated that the approach improves school performance, family relationships, and student drug/alcohol involvement at various grades. As compared to controls, Project student, at the end of grade 2 showed: (a) lower levels of aggression and antisocial, externalizing behaviors for white males, and (b) lower levels of self-destructive behaviors for white females; at the beginning of grade 5 showed (a) less alcohol and delinquency initiation, (b) increases in family management practices, communication, and attachment to family, and (c) more attachment and commitment to school; at the end of grade 6, high-risk youth were more attached and committed to school, and boys were less involved with antisocial peers; at the end of grade 11, Project students showed (a) reduced involvement in violent delinquency and sexual activity, and (b) reductions in being drunk and in drinking and driving.

For more information, contact:
J. David Hawkins, Social Development Research Group (SDRG), University of Washington – School of Social Work, 130 Nickerson, Suite 107, Seattle, WA 98109, (206) 286-1805, E-mail: sdrg@u.washington.edu, URL: *http://weber.u.washington.edu/~sdrg*

References:
Hawkins, J. David, Catalano, Richard F., Morrison, Diane, O'Donnell, Julie, Abbott, Robert, & Day, Edward (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. In Joan McCord & Richard E. Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*. New York: The Guilford Press.

Hawkins, J. David, Doueck, Howard J., & Lishner, Denise M. (1988). Changing teacher practices in mainstream classrooms to improve bonding and behavior of low achievers. *American Educational Research Journal, 25*, 31-50.

Psychiatry, 30, Hawkins, J. David, Von Cleve, Elizabeth, & Catalano, Richard F. (1991). Reducing early childhood aggression: Results of a primary prevention program. *Journal American Academy Child Adolescent* 208-217.

O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry, 65*, 87-100.

h. *The Think Time Strategy*: This is a cognitive-behavioral time-out strategy designed to enable a teacher and student to stop a negative social exchange and provide the student with feedback and an opportunity to plan. The Think Time strategy requires teamwork between two or more teachers -- the homeroom teacher and a cooperating teacher(s) who provides the Think Time area. Teachers prepare their class for implementation of the strategy by actively teaching students the steps which are: catching disruptive behavior early, moving to and entering the designated Think Time classroom, debriefing process, checking students debriefing responses, rejoining the class, and use of other consequences. Reported results indicate a 85% decrease in expulsions, 75% decrease in suspensions, and 45% decrease in emergency removals.

For more information, see:
Nelson, J.R., Carr, B.A., & Smith, D.J. (1997). Managing Disruptive Behaviors in School Settings: The THINK TIME Strategy. *Communique, 25*, 24-25.

Nelson, J.R. (1998, April). *The Think Time Strategy: Responding effectively to disruptive behavior*. Paper presented at the International Conference of The Council for Exceptional Children, Minneapolis, MN.

For program information contact:
J. Ron Nelson, Arizona State University, College of Education, PO Box 872011
Tempe, AZ 85287 Ph: 480/ 965-0488 ron.nelson@asu.edu

3. Tutoring

a. *Success for All*. This school-wide approach is designed to promote reading, writing and language arts skills for students. A key facet focuses on tutoring. Statistically significant (p= 05 or better) positive effects of Success for All (compared to controls) were found on every measure at every grade level, 1-5. For students in general, effect sizes averaged around a half standard deviation at all grade levels. Effects were somewhat higher than this for the Woodcock Word Attack scale in first and second grades, but in grades 3-5 effect sizes were more or less equivalent on all aspects of reading. Consistently, effect sizes for students in the lowest 25% of their grades were particularly positive, ranging from E'SS=+1.03 in first grade to E'SS=+1.68 in fourth grade. Again, cohort-level analyses found statistically significant differences favoring low achievers in Success for All on every measure at every grade level. A follow-up study of Baltimore schools found that positive program effects continued into grade 6 (E'SS=+0.54) and grade 7 (E'SS=+0.42), when students were in middle schools. Studies found that schools implementing all program components obtained better results (compared to controls) than did schools implementing the program to a moderate or minimal degree. Similarly, a strong relationship between ratings of implementation quality and student achievement gains compared to controls was found. Cooper, Slavin, & Madden (1998), in an interview study, found that high-quality implementations of Success for All depended on many factors, including district and principal support, participation in national and local networks, adequacy of resources, and genuine buy-in at the outset on the part of all teachers. A longitudinal study in Baltimore from 1987-1993 collected CTBS scores on the original five Success for All and control schools. On average, Success for All schools exceeded control schools at every grade level. The differences were statistically and educationally significant. By fifth grade, Success for All students were performing 75% of a grade equivalent ahead of controls (E'S=+0.45) on CTBS Total Reading scores (see Slavin, Madden, Dolan, Wasik, Ross, & Smith, 1994). An Arizona study (Ross, Nunnery, & Smith, 1996) compared Mexican-American English language learners in two urban Success for All schools to those in three schools using locally-developed Title I reform models and one using Reading Recovery. Two SES school strata were compared, one set with 81% of students in poverty and 50% Hispanic students and one with 53% of students in poverty and 27% Hispanic students. Success for All first graders scored higher than controls in both strata. Hispanic students in the high-poverty stratum averaged three months ahead of the controls (1.75 vs. 1.45). Hispanic students in the less impoverished stratum scored slightly above grade level (1.93), about one month ahead of controls (1.83). In the Success for All schools, first graders who had been assigned to special education were tutored one-to-one (by their special education teachers) and otherwise participated in the program in the same way as all other students. Special education students in Success for All were reading substantially better (E'S=+.77) than special education students in the comparison school (Ross et al., 1995). In addition, Smith et al. (1994) combined first grade reading data from special education students in Success for All and control schools in four districts: Memphis, Ft. Wayne (IN), Montgomery (AL), and Caldwell (ID). Success for All special education students scored substantially better than controls (mean E'S =+.59).

For more information, see:

Cooper, R., Slavin, R.E., & Madden N.A. (1998). Success for All: Improving the quality of implementation of whole-school change through the use of a national reform network. *Education and Urban Society, 30*, (3), 385-408.

Ross, S.M., Nunnery, J., & Smith, L.J. (1996). *Evaluation of Title I Reading Programs: Amphitheater Public Schools. Year 1: 1995-96*. Memphis: University of Memphis, Center for Research in Educational Policy.

Slavin, R.E., Madden, N.A., Dolan, L., Wasik, B.A., Ross, S.M., Smith, L.J. & Dianda, M. (1996). Success for All: A summary of research. *Journal of Education for Students Placed at Risk, 1*, 41-76.

Smith, L.J., Ross, S.M., & Casey, J.P. (1994). *Special education analyses for Success for All in four cities*. Memphis: University of Memphis, Center for Research in Educational Policy.

Website -- www.successforall.net

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b. *The Valued Youth Program (VYP).* VYP is a tutoring program designed to prevent school dropout among students who were not proficient in English. VYP pairs academically at-risk teenage tutors with younger children. The results of an evaluation of VYP indicate higher reading grades for the tutors than for a comparison group. The tutors also showed a reduced number of disciplinary referrals after participation in the program, while the rate for the comparison group increased. Tutors also showed gains on the Piers-Harris Children's Self Concept Scale and Quality of School Life Scale. A positive impact on student dropout rates also is reported.

For more information, see:
Supik, J. D. (1991). Partners for valued youth: The final report. *IDRA Newsletter*, 18, 1-4.

For program information, contact:
Linda Cantu, Program Director, Intercultural Development Research Association, 5835 Callaghan suite# 530, San Antonio, TX 78228-1190. (210)684-8180 / fax: (210)684-5389.

For evaluation information, contact:
Jose A. Cardenas, PhD, Intercultural Development Research Association, 5835 Callaghan suite# 350, San Antonio, TX 78228-1190.

c. *Memphis Partners Collaborative (MPC):* MPC was a Saturday program for at-risk 10th graders, which was held for six hours every Saturday (for 17 weeks) at several local college campuses. Approximately 40% of an average project day was devoted to academic enrichment, another 40% focused on job readiness and employability skills, and the remaining 20% focused on self-esteem building, problem solving skills, stress management, and health and drug counseling. Transportation, lunch, and daily rewards were offered to increase participation. For both the 1989-90 and the 1990-91 cohorts, appropriate baseline and follow-up data (one year after completing program) were collected from the program and comparison students. About 79% of MPC students were employed following completion of the program (most of those unemployed were underage). There was no employment data provided for the comparison group. MPC students had fewer absences compared to the control group. A trend for higher self-esteem at follow-up is reported, but not all data was available from the comparison group. The effect on rate of graduation depended on the type of student. MPC seemed to have a positive effect on over-age, black males; they were less likely than controls to drop out. Conversely, the program seemed to have a negative effect for over-age, black females; they dropped out at a higher rate than controls. However, the difference diminished over time. There were no significant effects of the MPC program on grade point average.

For more information, see:
Rossi, R. J. (1995). *Evaluation of projects funded by the School Dropout Demonstration Assistance Program: Final evaluation report, Volume I: Findings and recommendations*. Prepared by: American Institutes for Research, P. O. Box 1113, Palo Alto, CA 94302.

d. *Brief Research Synthesis on Cross-Age Tutoring Programs and the Performance of At-Risk Youth as Tutors*: Cross-age tutoring is described as one of the most cost-effective strategies used to enhance the academic performance of struggling students. Among the positive benefits reported for the students being tutored are academic gains and improvements in communication skills, ability to identify long-range goals, self-confidence, and interpersonal skills. The tutors themselves are reported as performing better than control students on subjects being taught. Serving as tutors also is reported as increasing children's self-concept, improving relationships between peers, reducing absenteeism, and improving classroom behavior. At-risk youth who tutor receive higher reading grades, higher test scores overall, fewer disciplinary referrals, and fewer absences than a comparison group.

For more information, see:
Duckenfield, M. The performance of at-risk youth as tutors. National Dropout Prevention Center, College of Health, Education and Human Development, Clemson University, 205 Martin Street, Clemson, SC 29634-0726. (864) 656-2599, ndpc@clemson.edu. see: www.dropoutprevention.org/effstrat/performance.htm.

Cohen, P. A., Kuklik, J. A., & Kuklik, C-L. C. (1982). Educational outcomes of tutoring: A meta analysis of findings. *American Educational Research Journal*, 237-248.

Giesecke, D., Cartledge, G., & Gardner III, R. (1993). Low-achieving students as successful cross-age tutors. *Preventing School Failure, 37*, 34-43.

Martino, L. R. (1994). Peer tutoring classes for young adolescents: A cost-effective strategy. *Middle School Journal, 25*, 55-58.

4. Alternative Schools

a. *Cooperative Alternative Program (CAP)*: This program aimed at demonstrating the willingness of seven school districts to create a unique governance and fiscal structure to respond to the needs of students at risk. The CAP High School offered an alternative for at-risk students in seven cooperating districts in rural Texas. Its primary purpose was to provide remediation in basic skills and job-specific vocational training. It featured small classes, individualized instruction, individual and group counseling, and a student assistance program of tutorials. Many of the 14 to 22 year old students included in the evaluation were designated as at risk on almost every dimension, including over-age for grade, high truancy or suspension rates, below grade level on basic courses, substance abuse, and pregnancy. Students stayed an average of 30 weeks and received all-day, every-day services during that time. Data reported indicate that CAP students significantly outperformed comparison students academically, improved attendance, and increased self-esteem.

For more information, see:

Rossi, R. J. *Evaluation of projects funded by the school dropout demonstration assistance program: Final evaluation report, Vol. 1: Findings and recommendations.* American Institutes for Research, P. O. Box 1113, Palo Alto, CA 94302.

b. *Lane School Program*: This is an alternative program for students with emotional and behavioral problems who require intensive, targeted intervention programs and consultation. It has two major components: a teacher consultation program and a self-contained day-school. The consultation program provides school districts with access to services of highly qualified behavioral consultants who help teachers and staff with creative problem solving and implementation of classroom interventions. The four-classroom day school serves between 36-42 adolescents who have long-standing behavior problems. Students participate in a level system, token economy and a schedule of core courses that include academics as well as social skills. Typical outcomes reported for students completing the program include: increase in school attendance; greater attainment of behavioral and academic goals; decrease in office referrals; lowered suspension rate. More than 90% of the students who complete the program are reported as being successful during their first year of transition back to their neighborhood schools; of these ,74% continue are reportyed as being successful 12 months after leaving Lane School.

For more information, see:

George, M.P., Valore, T., Quinn, M.M., & Varisco, R. (1997). Preparing to go home: A collaborative approach to transition. *Preventing School Failure, 41*, 168-172.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

For program information, contact:

Michael George, Supervisor, Lane School, 1200 Highway 99 North, P.O. Box 2680, Eugene, OR 97402.
(541) 461-8200

c. *The Jackson School*: This is a community-based, temporary placement behavior-modification alternative school serving 6th through 8th grades (ages 10-15 years). It is designed to serve students whose disruptive behavior problems preventing them from functioning successfully in a regular classroom. The student is viewed as part of a larger socio-economic system, with the intent of helping the student learn to negotiate with the complex dynamics of their world. A large state-wide evaluation of alternative schools consisted of site visits, school tours, classroom observations, and interviews designed to gather data from teachers, students, administrators, counselors, parents, and community members. Student and teacher perspectives of effectiveness indicate that the the Jackson School provided small classes; maintained students' individual attention, and supported families in times of crisis (whereas the comparison alternative schools did not).

For more information, see:

Bauman, A. (1998). Finding experts in unexpected places: Learning from those who have failed. *High School Journal, 81*, 258-267.

5. Health/Mental Health Education

a. *Social/Emotional Development, Enhancing Protective Factors and Assets Building*

a.1 *Seattle Social Development Project:* This universal, multidimensional intervention is designed to decrease juveniles' problem behaviors by working with parents, teachers, and children. It incorporates both social control and social learning theories and intervenes early in children's development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency. The program can be used for the general population and high-risk children (those with low socioeconomic status and low school achievement) attending grade school and middle school. It combines parent and teacher training. Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. These techniques are intended to minimize classroom disturbances by establishing clear rules and rewards for compliance, increase children's academic performance, and allow students to work in small, heterogeneous groups to increase their social skills and contact with prosocial peers. In addition, first-grade teachers teach communication, decision-making, negotiation, and conflict resolution skills; and sixth-grade teachers present refusal skills training. Parents receive optional training programs throughout their children's schooling. When children are in 1st and 2nd grade, 7 sessions of family management training is provided to help parents monitor children and provide appropriate and consistent discipline. When children are in 2nd and 3rd grade, 4 sessions encourage parents to improve communication between themselves, teachers, and students; create positive home learning environments; help their children develop reading and math skills, and support their children's academic progress. When children are in 5th and 6th grade, 5 sessions focus on helping parents create family positions on drugs and encourage children's resistance skills. Evaluations have demonstrated that the approach improves school performance, family relationships, and student drug/alcohol involvement at various grades. As compared to controls, Project student, at the end of grade 2 showed: (a) lower levels of aggression and antisocial, externalizing behaviors for white males, and (b) lower levels of self-destructive behaviors for white females; at the beginning of grade 5 showed (a) less alcohol and delinquency initiation, (b) increases in family management practices, communication, and attachment to family, and (c) more attachment and commitment to school; at the end of grade 6, high-risk youth were more attached and committed to school, and boys were less involved with antisocial peers; at the end of grade 11, Project students showed (a) reduced involvement in violent delinquency and sexual activity, and (b) reductions in being drunk and in drinking and driving.

For more information, contact:

J. David Hawkins, Social Development Research Group (SDRG), University of Washington – School of Social Work, 130 Nickerson, Suite 107, Seattle, WA 98109, (206) 286-1805, E-mail: sdrg@u.washington.edu, URL: *http://weber.u.washington.edu/~sdrg*

References:

Hawkins, J. David, Catalano, Richard F., Morrison, Diane, O'Donnell, Julie, Abbott, Robert, & Day, Edward (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. In Joan McCord & Richard E. Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*. New York: The Guilford Press.

Hawkins, J. David, Doueck, Howard J., & Lishner, Denise M. (1988). Changing teacher practices in mainstream classrooms to improve bonding and behavior of low achievers. *American Educational Research Journal, 25*, 31-50.

Hawkins, J. David, Von Cleve, Elizabeth, & Catalano, Richard F. (1991). Reducing early childhood aggression: Results of a primary prevention program. *Journal American Academy Child Adolescent Psychiatry, 30*, 208-217.

O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry, 65*, 87-100.

a.2. *The Social Competency/Social Problem Solving Program:* This program's goal is to ameliorate the stress and difficulty encountered during transition to middle school. The theory stems from a social problem solving framework, which focuses on interpersonal sensitivity, means-end thinking, and planning and anticipation. One hundred fifty eight elementary students received either a 1 year, a ½ year (instructional phase only), or no social problem solving program. Results showed that both groups (in comparison with a no-treatment group), improved their ability in using social cognitive problem solving skills; improved coping during the transition to middle school; and a significant reduction in self-reported level of difficulty with commonly occurring middle-school stressors.

For more information, see:

Elias, M.J., Gara, M., Ubriaco, M., Rothman, P.A., Clabby, J.F., & Schuyler, T. (1986). Impact of a preventive social problem solving intervention on children's coping with middle-school stressors. *American Journal of Community Psychology, 14(3),* 259-275.

a.3. *FAST Track Program*: This comprehensive and long-term prevention program aims to prevent chronic and severe conduct problems for high-risk children. It is based on the view that antisocial behavior stems from the interaction of multiple influences, and it includes the school, the home, and the individual in its intervention. FAST Track's main goals are to increase communication and bonds between these three domains, enhance children's social, cognitive, and problem-solving skills, improve peer relationships, and ultimately decrease disruptive behavior in the home and school. The Program spans grades 1-6, but is most intense during the key periods of entry to school (first grade) and transition from grade school to middle school. Currently, an evaluation of 3 cohorts who have completed first grade has been performed, and follow-up studies are underway. Compared to control groups, participants have shown the following positive effects: (a) better teacher and parent ratings of children's behavior with peers and adults, (b) better overall ratings by observers on children's aggressive, disruptive, and oppositional behavior in the classroom, (c) less parental endorsement of physical punishment for children's problem behaviors, (d) more appropriate discipline techniques and greater warmth and involvement of mothers with their children, (e) more maternal involvement in school activities. Children in FAST Track classrooms nominated fewer peers as being aggressive and indicated greater liking and fewer disliking nominations of their classmates.

For more information, see:

Conduct Problems Prevention Group (Karen Bierman, John Coie, Kenneth Dodge, Mark Greenberg, John Lochman, and Robert McMahon) (1996). Abstract: An Initial Evaluation of the Fast Track Program. Proceedings of the Fifth National Prevention conference, Tysons Corner, VA, May.

Conduct Problems Prevention Group (Karen Bierman, John Coie, Kenneth Dodge, Mark Greenberg, John Lochman, and Robert McMahon) (1992). A developmental and clinical model for the prevention of conduct disorder: The FAST Track Program. Development & Psychopathology, 4, 509-527.

For program information, contact:

Kenneth Dodge, John F. Kennedy Center, Box 88 Peabody College, Vanderbilt University, Nashville, TN 37203, (615) 343-8854, URL: www.fasttrack.vanderbilt.edu

a.4. *Promoting Alternative Thinking Strategies (PATHS)*: This curriculum promotes emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. It is designed for use by educators and counselors in a multi-year, universal prevention model. The curriculum provides teachers with systematic, developmentally-based lessons, materials, and instructions for teaching their students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. Findings indicate it can improve protective factors and reduce behavioral risk factors. Evaluations have demonstrated significant improvements for program youth (regular education, special needs, and deaf) compared to control youth in the following areas: improved self-control, improved understanding and recognition of emotions, increased ability to tolerate frustration, use of more effective conflict-resolution strategies, improved thinking and planning skills, decreased anxiety/depressive symptoms (teacher report of special needs students), decreased conduct problems (teacher report of special needs students), decreased symptoms of sadness and depression (child report– special needs), and decreased report of conduct problems, including aggression (child report).

For more information, see:

Mark T. Greenberg, Ph.D., Prevention Research Center, Human Development and Family Studies, Pennsylvania State University, 110 Henderson Building South, University Park, PA 16802-6504, (814) 863-0112, E-mail: prevention@psu.edu, URL: www.psu.edu/dept/prevention related links - PATHS

Greenberg, M., Kusché, C. & Mihalic, S.F. (1998). *Blueprints for Violence Prevention, Book Ten: Promoting Alternative Thinking Strategies (PATHS).* Boulder, CO: Center for the Study and Prevention of Violence.

a5. Weissberg's Social Competence Promotion Program (WSCPP): This social competency training program combines general skills training with domain-specific instruction and application to substance use prevention. It targets 6th and 7th grade students, and includes 16-29 sessions (depending on the version). The 20 session version is a highly structured curriculum comprised of the following units: stress management, self-esteem, problem-solving skills, substances and health information, assertiveness training, and social networks. Overall, the program was found beneficial for both inner-city and suburban students. Those in program classes improved relative to those in the control classrooms on: problem solving and stress management, teacher ratings on conflict resolution with peers and impulse control (both important protective factors for later delinquency and popularity), excessive drinking (although there were no significant differences in self-report measures of frequency of cigarette, alcohol, and marijuana use).

For more information, see:

Caplan, M., Weissberg, R.P., Grober, J.S., Sivo, P.J., Grady, K., & Jacoby, C. (1992). Social competence promotion with inner-city and suburban young adolescents: Effects on social adjustment and alcohol use. *Journal of Consulting and Clinical Psychology, 60,* 56-63.

For program information, contact:

Roger P. Weissberg, University of Illinois–Chicago, Department of Psychology M/C285, 1009 Behavioral Sciences Building, 1007 West Harrison Street, Chicago, IL 60607-7137, (312) 413-1008.

a6. The Development Asset Approach: According to Scales and Leffert (1999):

"Since 1989, Search Institute has been conducting research- grounded in the vast literature on resilience, prevention, and adolescent development- that has illuminated the positive relationships, opportunities, competencies, values, and self-perceptions that youth need to succeed. The institute's framework of 'developmental assets' grows out of that research, which has involved more than 500,000 6th- to 12th- grade youth in more than 600 communities across the country (for more complete descriptions of the framework and its conceptual and research origins, see Benson, 1997; Benson, Leffert, Scales, & Blyth, 1998). Developmental assets are the building blocks that all youth need to be healthy, caring, principled, and productive. The developmental asset framework includes many of the 'core elements of healthy development and ...community actors (family, neighborhood, school, youth organizations, congregations, and so on) needed to promote these essential building blocks' (Benson, 1997, p.27)."

"The original framework identified and measured 30 assets. Subsequent research (including focus groups to deepen understanding of how the developmental assets are experienced by urban youth, youth living in poverty, and youth of color) led to a revision of the framework to its current 40-asset structure. The 40 assets are grouped into eight categories representing broad domains of influence in young people's lives: support, empowerment, boundaries and expectations, and constructive use of time are external assets (relationships and opportunities that adults provide); commitment to learning, positive values, social competencies, and positive identity are internal assets (competencies and values that youth develop internally that help them become self-regulating adults). (See Table 2.)"

"The developmental assets have been measured using Search Institute's *Profiles of Student Life: Attitudes and Behaviors*, a 156-item self-report survey that is administered to 6th- to 12th- grade students in public and private schools. The instrument measures each of the 40 developmental assets as well as a number of other constructs, including developmental deficits (e.g., whether youth watch too much television or are the victims of violence), thriving indicators (e.g., school success and maintenance of physical health behaviors), and high-risk behaviors (e.g., alcohol, tobacco, and other drug use, sexual intercourse, and violence). Communities or school districts self-select to complete the survey, the data from which are then used to generate a report on the community's youth...research has shown that the more of these assets young people have, the less likely they are to engage in risky behavior...and the more likely they are to engage in positive behaviors...These relationships between assets and youth well-being remain fairly consistent for adolescents across differences of race and ethnicity, gender, age, socioeconomic background, community size, and region."

For more information, see:

P.C. Scales & N. Leffert (1999). Developmental assets: A synthesis of the scientific research on adolescent development. Minneapolis, MN: Search Institute.

a7. Baltimore Mastery Learning and Good Behavior Game Interventions: These interventions seek to improve childrens psychological well-being and social task performance. The former focuses on strengthening reading achievement to reduce the risk of depression later in life, while the latter aims to decrease early aggressive and shy behaviors to prevent later criminality. Both are implemented when children are in early elementary grades in order to provide students with the skills they need to respond to later, possibly negative, life experiences and societal influences. Evaluations of both programs have demonstrated beneficial effects for children at the end of first grade, while an evaluation of the Good Behavior Game has shown positive outcomes at grade 6 for males displaying early aggressive behavior. At the end of first grade, GBG students, compared to a control group, had: less aggressive and shy behaviors according to teachers, and better peer nominations of aggressive behavior. At the end of first grade, ML students, compared to a control group, showed: increases in reading achievement. At the end of sixth grade, GBG students, compared to a control group, demonstrated: decreases in levels of aggression for males who were rated highest for aggression in first grade.

For more information, see:

S.G. Kellam, G.W. Rebok, N. Ialongo, and L.S. Mayer (1994). "The Course and Malleability of Aggressive behavior from Early first Grade into Middle School: Results of a Developmental Epidemiologically-Based Preventive Trial." *Journal of Child Psychology and Psychiatry 35*, 259-282.

4940 Eastern Ave *For project information, contact:*

Sheppard G. Kellam, Prevention Research Center, Department of Mental Hygiene, Johns Hopkins University – School of Hygiene and Public Health, Mason F. Lord Building, Suite 500, Francis Scott Key Medical Center, Baltimore, MD 21224, URL: http: //www.bpp.jhu.edu

a8. Be A Star: This program is a once-a-week community-based intervention designed to improve the life outcomes of high-risk youth (ages 5-12 years) in poor communities with high incidents of violence. The aim was to improve decision-making skills and interpersonal competence, increase cultural awareness (participants were predominantly African-American) and self-esteem, and increase unfavorable attitudes toward alcohol and drug abuse. Support groups for parents were also developed. It was implemented through community-based centers which also worked with community residence to create safer environments for children. While the 1993-1994 evaluation yielded mixed results, in the 1994-1995 evaluation the older students (8-12-year-olds) in the experimental group scored higher than the comparisons ($p = .05$) on family bonding, prosocial behavior, self-concept, self-control, decision making, emotional awareness, assertiveness, confidence, cooperation, negative attitudes about drugs and alcohol, self-efficacy, African-American culture, and school bonding, as measured by the Revised Individualized Protective Factors Index (RPFI).

For more information, see:

Pierce, L.H. & Shields, N. (1998). The Be A Star community-based after-school program: Developing resiliency factors in high-risk preadolescent youth. *Journal of Community Psychology, 26*, 175-183.

a9. Project ACHIEVE: This is a school wide prevention and early intervention program that targets students who are academically and socially at risk. Students are taught social skills, problem-solving methods, and anger-reduction techniques. Since 1990, the program reports reducing aggression and violence. For example, disciplinary referrals are reported as decreasing by 67%; specifically, referrals for disobedient behavior dropped by 86%, fighting by 72%, and disruptive behavior by 88%. Referrals for at-risk students for special education testing decreased 75% while the number of effective academic and behavioral interventions in the regular classroom significantly increased. Suspensions dropped to one-third of what they had been three years before. Grade retention, achievement test scores, and academic performance improved similarly, and, during a four year period, no student was placed in the county s alternative education program. The model has been adopted in over 20 sites across the US.

For more information, see:

Knoff, H.M. & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review, 24*, 579-603.

Knoff, H.M. & Batsche, G. M. Project ACHIEVE: A collaborative, school-based school reform process improving the academic and social progress of at-risk and underachieving students. In: R. Talley & G. Walz (Eds.), *Safe Schools, Safe Students*. National Education Goals Panel and National Alliance of Pupil Services Organizations. Produced in collaboration with ERIC Counseling and Student Services Clearinghouse.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

a10. *Preventive Intervention*: This school-based intervention is to help prevent juvenile delinquency, substance use, and school failure for high-risk adolescents. It targets juvenile cynicism about the world and the accompanying lack of self-efficacy to deal with problems. The two year intervention begins when participants are in seventh grade and includes monitoring student actions, rewarding appropriate behavior, and increasing communication between teachers, students, and parents. Each week, 3-5 students meet with a staff member to discuss their recent behaviors, learn the relationship between actions and their consequences, and role-play prosocial alternatives to problem behaviors. Evaluations report short- and long-term positive effects. At the end of the program, students showed higher grades and better attendance when compared to control students. Results from a one-year follow-up study showed that intervention students, compared to controls, had less self-reported delinquency; drug abuse (including hallucinogens, stimulants, glue, tranquilizers, and barbiturates); school-based problems (suspension, absenteeism, tardiness, academic failure); and unemployment (20% and 45%, respectively). A 5 year follow-up reports students had fewer county court records than controls.

For more information, see:

Bry, B. H. (1982). Reducing the incidence of adolescent problems through preventive intervention: One- and five-year follow-up. *American Journal of Community Psychology, 10*, 265-276.

Bry, B. H., & George, F. E. (1980). The preventive effects of early intervention on the attendance and grades of urban adolescents. *Professional psychology, 11*, 252-260.

Bry, B. H., & George, F. E. (1979). Evaluating and improving prevention programs: A strategy from drug abuse. *Evaluation and Program Planning, 2*, 127-136.

For project information, contact:

Brenna Bry, Graduate School of Applied & Professional Psychology, 152 Frelinghuysen Road, Rutgers University, Box 819, Piscataway, NJ 08854, (732) 445-2189

a11. *Preventive Treatment Program:* The program is designed to prevent antisocial behavior of boys who display early, problem behavior. It combines parent training with individual social skills training. Parents receive an average of 17 sessions that focus on monitoring their children's behavior, giving positive reinforcement for prosocial behavior, using punishment effectively, and managing family crises. The boys receive 19 sessions aimed at improving prosocial skills and self-control. The training utilizes coaching, peer modeling, self-instruction, reinforcement contingency, and role playing to build skills. Evaluations report both short- and long-term gains for youth receiving the intervention. At age 12, three years after the intervention, treated boys were less likely to report the following offenses: trespassing, taking objects worth less than $10, taking objects worth more than $10, and stealing bicycles. Treated boys were rated by teachers as fighting less than untreated boys. 29% (compared to 19%) were rated as well-adjusted in school; 22% (compared to 44%) displayed less serious difficulties in school, 23.3% (compared to 43%) were held back in school or placed in special education classes. At age 15, those receiving the intervention were less likely to report gang involvement, having been drunk or taken drugs in the past 12 months, committing delinquent acts (stealing, vandalism, drug use), and having friends arrested by the police.

For more information, see:

Tremblay, Richard E., Masse, Louise, Pagani, Linda, & Vitaro, Frank (1996). From childhood physical aggression to adolescent maladjustment: The Montreal Prevention Experiment. In R. D. Peters & R. J. McMahon (eds.), *Preventing childhood Disorders, Substance Abuse, and Delinquency.* Thousand Oaks: Sage

Tremblay, Richard E., Vitaro, Frank, Bertrand, Llucie, LeBlanc, Marc, Beauchesne, Helene, Bioleau, Helene, & David, Lucille (1992). Parent and child training to prevent early onset odelinquency: The Montreal longitudinal Experimental Study. In Joan McCord & Richard Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence.* New York: The Guilford Press.

Tremblay, Richard E., McCord, Joan, Bioleau, Helene, Charlebois, Pierre, Gagnon, Claude, LeBlanc, Marc, & Larivee, Serge (1991). Can disruptive boys be helped to become competent? *Psychiatry, 54*, 149-161.

For project information, contact:

Richard E. Tremblay, University of Montreal, School of Psycho-Education, 750, bout Gouin Est. Montreal, Ouebec, Canada H2C IA6, (514) 385-2525

a12. *Primary Intervention Program (PIP):* PIP is a school-based, community-linked integrated services program for children with school adjustment problems such as shyness, aggression, or inattentiveness. It incorporates play techniques and reflective listening to help children learn better coping skills. Evaluation results indicate improvements in frustration tolerance, assertive social skills task orientation, peer sociability, and reduced problem behaviors in the areas of acting out, shyness/anxiousness, and learning difficulties. These changes across time were statistically significant during the first two years of evaluation (during the third year, changes occurred but were not significant). Overall, the program was successful in reducing problem behaviors and increasing competencies for school success. In addition, PIP reduced overall referrals for counseling services and special education referrals.

For more information, see:

PIP program is more than just child's play (1991). Fremonitor, 27 (4), pp 1 -2.

Allen, J. M. TIPS from PIP--Primary Intervention Program for at-risk students. In: R. Talley & G. Walz (Eds.), *Safe Schools, Safe Students.* National Education Goals Panel and National Alliance of Pupil Services Organizations. Produced in collaboration with ERIC Counseling and Student Services Clearinghouse.

a13. *Reconnecting Youth (RY):* This peer-group approach to building life skills is designed to reduce risk factors and enhance protective factors that are linked with adolescent problem behaviors m general, and with adolescent drug involvement specifically. RY is a comprehensive, semester-long intervention that integrates small-group work, life skills training models, and a peer-group support model. Findings indicate that students who participated (as contrasted to controls) significantly increased GPA and attendance; made a 60% decrease in hard-drug use; stronger self-confidence; decreased acts of aggression and suicide; decreased stress, depression, and anger; made more positive, connected relationships with teachers, friends, and family The program was originally implemented and evaluated in a public high school and has been implemented in alternative and private schools.

For more information, see:

Eggert, L.L., Thomson, E.A., Herting, J.R., & Nicholas, L.J. (1995). Reducing suicide potential among high-risk youth: Tests of a school-based prevention program. *Suicide and Life-Threatening Behavior, 25,* 276-296.

Eggert, L.L., et al. (Jan/Feb. 1994). Preventing adolescent drug abuse and high school dropout through an intensive school-based social network development program. *American Journal of Health Promotion, 8,* 208-210.

For program information, contact:

Leona L. Eggert, Ph.D., R.N., Psychosocial and Community Health Department, Box 357263, University of Washington School of Nursing, Seattle WA, 9819-7263, (206) 543-9455; To order materials, contact: Susan Dunker or Peter Brooks, National Education Service, P.O. Box 8, Bloomington, IN 47420, (800) 733-6786.

a14. *First Step to Success:* This early intervention program for grades K-3 takes a collaborative home and school approach to diverting at-risk children from a path leading to adjustment problems, school failure and drop-out, social juvenile delinquency in adolescence, and gang membership and interpersonal violence. Students who successfully complete the program are reported as showing sustained changes over time and across settings (as indicated by teacher ratings and direct observations). Changes included more adaptive behavior, less aggressive behavior and maladaptive behavior, and increases in the amount of time spent appropriately engaged in teacher-assigned tasks. Follow-up studies report effects persist up to 2 years beyond the end of the initial intervention period (into the first and second grades).

For more information, see:

Walker, H.M. (1998). First Steps to Success: Preventing antisocial behavior among at-risk kindergartners. Teaching Exceptional Children, 30, 16-19.

Walker, H.M., Severson, H.H., Feil, E.G., Stiller B., & Golly, A. (1997). First Step to Success. Intervening at the Point of School Entry to Prevent Antisocial Behavior Patterns. Longmont, CO: Sopris West.

For program information, contact:

Jeff Sprague and Hill Walker, Co-Directors, Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugene, OR 97403, (541) 346-3591.

a15. *The High/Scope Educational Research Foundation's Perry Preschool Project:* This is part of a long-term follow-up evaluation of intervention programs which targeted poor children (ages 3-4). The model emphasizes active child-initiated learning, problem-solving, decision-making, planning, and a high degree of interaction between adults and children and among children themselves. In addition, teachers conducted weekly home visits and encouraged parents to be involved as volunteers in the classroom. In one study (Berruta-Clement, et al, 1984), children who participated in the program showed the following outcomes at age 19 compared to a control group: improved scholastic achievement during the school years, increases in high school graduation rate, post-secondary enrollment rate, and employment rate, decreases in crime/delinquency, violent behavior, drug use and teen pregnancy. At age 27, project participants made the transition into adulthood far more successfully than adults from similar backgrounds: committing fewer crimes; having higher earnings; and having a greater commitment to marriage (Weikart & Schweinhart, 1993).

For more information, see:

Berruta-Clement, J., Schweinhart, L., Barney W., Epstein, A., & Weikart, D. (1984). *Changed lives: The effects of the Perry Preschool Program on youth age 19.* Ypsilanti, MI: High/Scope Press.

Schweinhart, L. & Weikart, D. (1986). Consequences of three preschool curriculum models through age 15. *Early Childhood Research Quarterly, 1, 15-45.*

Schweinhart, L. & Weikart, D. (1997). The High/Scope preschool curriculum comparison *study* through age 23. *Early Childhood Research Quarterly, 12,* 117-143.

Weikart, D. & Schweinhart, L. (1993). *Significant benefits: The High/Scope Perry Preschool Study through age 27.* Ypsilanti, MI. High/Scope Press.

a16. I Can Problem Solve (ICPS): This program is intended as both a preventive and rehabilitative program to help children in preschool to grade six, resolve interpersonal problems and prevent antisocial behavior. It uses a cognitive approach to teach children how to think. Studies indicate the behaviors most affected were impulsiveness, social withdrawal, poor peer relationships and lack of concern for others; skills having the greatest impact were identifying alternative solutions and predicting consequences. By year five, boys and girls who received 2 years of training scored better than the controls on impulsiveness, inhibition and total behavioral problems. In another study, more children who received the training in pre-kindergarten were rated as "adjusted" than those not exposed (71% vs. 54%, p>.01). Program results have been replicated in demonstration sites in a variety of urban, suburban and rural settings, with different ages (through age 12) and racial and ethnic groups and with children from different socioeconomic strata.

For more information, see:

Shure, M.B. *Interpersonal Problem Solving and Prevention*: Five Year Longitudinal Study. Prepared for Department of Health and Human Services, Public Health Service, National Institute of Mental Health, 1993.

Shure, M.B., Spivack, G. Interpersonal cognitive problem solving and primary prevention: Programming for preschool and kindergarten children. *Journal of Clinical and Child Psychology.* 1979; Summer:89-94.

For program or evaluation information, contact:

Myrna B. Shure, Ph.D., Allegheny University, Department of Clinical/Health Psychology, Broad & Vine, Mail Stop 626, Philadelphia, PA 19102-1192, (215)762-7205 / fax: (215)762-4419

a17. *Community of Caring (COC):* This values education program for students in kindergarten through high school focuses on prevention and emphasizes the importance of abstinence from early sexual activity and deferring childbearing until marriage. It also encourages abstinence from alcohol and other drug use and stresses the importance of personal health. the program's goal is to strengthen students' ethical decision-making skills by promoting the values of caring, family, respect, trust and responsibility. COC in Richmond was most successful in influencing students to adopt the core sexual values of the COC program. The Kansas COC program was most successful in promoting some secondary values of COC -- helping others and valuing school, personal health and one's family. At all sites, students are reported to have improved their grade point average relative to comparison schools. At the end of the 2-year period, more Richmond students, including at-risk students (compared to control schools) reported significantly fewer not-excused absences and fewer disciplinary actions. Also in Richmond, the one school that documented pregnancies, the number of pregnant students dropped from 14 in 1988 to two in 1990. COC did not influence self-esteem or focus of control.

For more information, see:

Balicki, B.J., Godlenberg, D., Keel, K.S., Burnette, J., Yates, *T. An evaluation of the community of caring-in-schools initiative. Draft final report.* Columbia, Md: The Center for Health Policy Studies, July 7, 1991.

For program information, contact:

Wendy Hirsch, Program Coordinator, Community of Caring 1325 G St. NW, Suite 500 Washington, DC 20005-3104, (202) 393-1251 /fax: (202) 824-0200

For evaluation information, contact:

Rebecca Anderson, Executive Director, Community of Caring 1325 G St. NW, Suite 500 Washington, DC 20005-3104, (202)393-1251 /fax: (202)824-0200

a18. *Student Training Through Urban Strategies (STATUS):* This program is designed to help students become active, responsible members of their community. It aims to increase prosocial behaviors by providing contact with positive adult role models, enhancing stakes in conformity, and altering peer relationships. Targeted at Junior and Senior high students and students at risk, the program combats youths' anti-social behavior through two main strategies: improving school climate and implementing a year-long English/Social Studies class that focuses on key social institutions. An evaluation reports significant effects for intervention, compared to control, students, including the following: less total delinquency for all students and less serious delinquency for high school students; less drug involvement for junior high students; less negative peer influence; greater academic success including higher grades and perceptions of schools as less punishing; greater social bonding, including greater attachment to school for junior high students; and increased self-concept, attachment to school, interpersonal competency, involvement, months on roll, and less alienation for high school students.

For more information, see:

Gottfredson, Denise C. (1990). *Changing school structures to benefit high-risk youths. Understanding Troubled and Troubling Youth: Multidisciplinary Perspectives.* Newbury Park, CA: Sage.

Gottfredson, Denise C., and Cook, Michael S. (1986). *Increasing school relevance and student decisionmaking: Effective strategies for reducing delinquency?* Center for Social Organization of Schools, The Johns Hopkins University.

For program information, contact:

Denise Gottfredson, Center for Social Organization of Schools, Johns Hopkins University, 3305 N Charles St., Baltimore, MD 21218, (410) 516-8808, Email: ddiggs@csos.jhu.edu web- http://scov.csos.jhu.edu.

a19. *Family Skills Training Programs:* In reviewing selective skills training family interventions (usually targeting high-risk families), Kumpfer (1993) notes that these multi-component interventions (including behavioral parent training, social skills training for children, behavioral family therapy, and family role plays with coaching by the trainer) tend to have a positive impact on a large number of family and youth risk and protective factors. He states: "comprehensive family programs that combine social and life skills training to children and youth to improve their social and academic competencies with parent skills training programs to improve supervision and nurturance are the most effective in impacting a broader range of family risk and protective factors for drug use." Some examples are: Strengthening Families Program, Focus on Families, Families and Schools Together (FAST), Family Effectiveness Training (FET), and The Nurturing Program.

For more information, see:

Kumpfer, K.L. (1993). *Strengthening America's families: Promising parenting and family strategies for delinquency prevention. A user's guide.* Washington, DC: U.S. Department of Justice. Office of Juvenile Justice and Delinquency Prevention. Download summary from: http://www.ncjrs.org/jjgen.htm

a20. Strengthening Families Program: This is for parents and youth (10-14) and utilizes a parent, youth and family skills-building curriculum designed to prevent substance abuse and other behavior problems, strengthen parenting skills, and build family strengths. It involves seven 2-hour sessions plus 4 boosters. Parents and youth meet separately for the first hour, and then families practice skills and have fun together during a second hour. The curriculum is designed and used with ethnically diverse families in rural and urban settings and was tested with 442 families living in areas with a high percentage of economically-stressed families. Participants were randomly assigned; comparisons were made between participants and control families. Data have been analyzed from pretest, posttest, and one- and two-year follow-ups. Compared to the control youth, those in the program were better in resisting peer pressure and avoiding antisocial peers; showed a 66% relative reduction in new use of alcohol without parental permission between 6th and 7th grade (Post test and 1-year follow-up). Parents showed specific gains in parenting skills including setting appropriate limits and building a positive relationship with their youth.

For more information, see the Strengthening Families Program website:

http://www.exnet.iastate.edu/Pages/families/sfprec.html or http://www.ncjrs.org/jjgen.htm

a21. *Rotheram's Social Skills Training (RSST):* This a social skills training intervention for upper elementary school youth designed to improve interpersonal problem-solving ability and increase assertiveness. It targets 4th through 6th graders who meet in groups of six, led by a trained facilitator. Within each group, a drama simulation game is conducted during one-hour sessions twice a week for 12 weeks. Each session teaches assertiveness, presents a problem situation, encourages group problem solving, and rehearses behaviors and provides feedback on performance. Compared to a control group, students in the social skills training condition demonstrated significantly more assertive responses directly after treatment, fewer passive and aggressive problem-solving responses directly after treatment, increases in grade-point averages one year after treatment. Teacher ratings of student conduct were also significantly higher immediately following, as well as one year after the treatment.

For more information see:

Rotheram, M.J. (1982). Social skills training with underachievers, disruptive, and exceptional children. *Psychology in the Schools, 19,* 532-539.

For program information, contact:

Mary Jane Rotheram, Department of Psychiatry, University of California, 740 Westwood Plaza, Los Angeles, CA 90095, (310) 794-8280.

a22. Say it Straight (SIS): This youth centered communication skills training focuses on building honest, assertive communications skills through extensive role-playing of interpersonal situations in which students find themselves (e.g., how to say "no" to a friend, how to resist peer pressure). The training is action-oriented and uses visual, auditory, and kinesthetic modalities to involve people with different learning styles. Reports positive findings related to prevention of alcohol and drug abuse, HIV/AIDs, violence, and delinquency. In one study, SIS-trained 6th-9th graders were significantly less likely to have alcohol or drug suspensions compared to a control group. In another study, SIS trained high school students had 4 ½ times fewer juvenile criminal offenses than untrained comparison students.

For more information, see:

Englander-Golden, P., Elconin, J., & Miller, K. (1986). Brief Say It Straight training and follow-up in adolescent substance abuse prevention. *Journal of Primary Prevention,* 219-230.

Englander-Golden, P. & Satir, V. (1991). *Say it Straight: From compulsions to choices.* Palo Alto: Science and Behavior Books.

a23. Children of Divorce Intervention Program: Aims at helping children in grades K-8 cope with divorce by utilizing timely interventions performed by a group of facilitators who are usually a male or female team selected for their interest, skills and sensitivity, as well as training. Reports effectiveness in reducing anxiety and negative self-attributions as well as reducing school problems at a two-year follow-up.

For program information, contact:

Geri Cone, Primary Mental Health Project, 685 South Ave., Rochester, NY 14620-2290. (716) 262-2920.

a24. Facing History and Ourselves: Holocaust and Human Behavior: This is designed to address complex issues of citizenship and social justice. The aim is to engage adolescent students of diverse backgrounds in an examination of racism, prejudice, and antisemitism. Within an interdisciplinary framework drawing upon adolescent development theory, the program encourages students to make the essential connection between history and the moral choices they confront in their own lives as citizens in a democracy. The (3-12 weeks) program can be adapted to enhance existing courses. Teachers are expected to attend a one- or two-day workshop or a six-day summer institute before using the program. Participating students are reported as displaying: (1) greater knowledge of historical concepts than those not enrolled and (2) increased complexity of interpersonal understanding compared with students enrolled in traditional Modern World History courses.

For program information contact:

Marc Skvirsky, Alan Stoskopf, or Margot Stern Strom, Facing History and Ourselves National Foundation, 16 Hurd Road, Brookline, MA 02146. (617)232-1595.

a25. Positive Action (K-12): This program is designed to "teach individuals, families, schools, and communities principles that lead to success and happiness." It is currently in about 2,500 schools. The goals are: (1) to improve individuals, families, schools, and communities; (2) to increase positive behaviors among students, such as academic achievement, attendance, self-control, problem-solving skills, conflict resolution, and community service; and (3) to decrease negative behaviors like drug, alcohol, and tobacco use; actions leading to discipline referrals, suspensions, or expulsions; and delinquency and gang membership. School administrators, with assistance from Positive Action Company, guide adoption, implementation, and evaluation. Upon adoption, the School Positive Action Coordinator (principal or designee) organizes the Positive Action Committee (of school, home, and community members). Together, they monitor and promote school activities and link the school, home, and community programs. The premise of Positive Action is that academic achievement will improve as students' self-concept and behavior improve. Data from a number of different types of schools (rural, urban, and suburban; high and low poverty; small and large minority populations) indicate improved student achievement following the implementation of the program.

For program information contact:

Carol Gerber Allred, President/Developer ,Positive Action Company 264 4th Ave. SouthTwin Falls, ID 83301

Ph: 208-733-1328 or 800-345-2974 Fax: 208-733-1590, E-mail: paction@micron.net Web site:

http://www.posaction.com

a26. Open Circle Curriculum: At the core of the Reach Out to Schools: Social Competency Program is a year-long, grade-differentiated, social and emotional curriculum for K-5th grade called the Open Circle. It is designed to foster positive relationships, a cooperative classroom environment, and skills in solving interpersonal problems. Since 1987, 2,850 teachers have been trained and they have worked with over 200,000 children in over 200 schools in New England and New Jersey. Core lessons cover listening, calming down, speaking up, dealing with teasing, recognizing discrimination, expressing anger appropriately, reaching consensus, and a six-step problem solving process. Classroom lessons are taught in an open circle format, twice a week for 15 to 30 minutes throughout the year. Evaluations indicate an impact on participating teachers, students and parents. Specifically, the program reports increased teaching and learning time, greater time on tasks, and creation of a caring and responsive community in the classroom. For students, they report increases in specific interpersonal skills, problem solving skills, and individual responsibility and fewer behavior problems (including less fighting than nonparticipants).

For more program information, see

http://wellesley.edu/OpenCircle/research.html

For program and evaluation information contact:

Reach Out to Schools: Social Competency Program Lisa Sankowski, lsankows@wellesley.edu

b. *Promoting Physical Health*

b1. SPARK: This health-related physical education program for fourth and fifth-grade students was designed to increase physical activity during physical education classes and outside of school. Students spent more minutes per week being physically active in specialist-lead and teacher-led physical education classes than in control classes. After 2 years, girls in the specialist-led condition were superior to girls in the control condition on abdominal strength and endurance and cardio-respiratory endurance.

For more information, see:

Sallis, J.F., et al. (1997). The Effects of a 2-Year Physical Education Program (SPARK) on Physical Activity and Fitness in Elementary School Students. *American Journal of Public health, 87,* 1328-1334.

School Health Starter Kit, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800 Washington, DC 20005. (202)371-9090.

b2. Get Real About AIDS: An HIV prevention curriculum for students in grades 4-12. Participating students were more likely than students in the control group to report they had purchased a condom. Compared to the control, sexually active students in the program reported having fewer sexual partners within the past two months and using a condom more often during sexual intercourse. Students in the program scored significantly higher on a knowledge test of HIV and expressed greater intention to engage in safer sexual practices than comparison students. Program students were more likely to be aware that someone their age who engaged in risky behaviors could become infected with HIV.

For program information, contact:

AGC Educational Media, 1560 Sherman Ave., Suite 100, Evanston, IL 60201. (800) 323-9084 /fax: (847) 328-6706.

For training information, contact:

CHEF (800) 323-2422; National Training Partnership at EDC (617) 969-7100; or Julie Taylor, ETR Associates (408)438-4060.

For evaluation information, contact:

Deborah S. Main, PhD. Department of Family Medicine, University of Colorado Healthy Sciences Center, 1180 Clarmont St. Campus Box B- 155, Denver, CO 80220. (303) 270-5191.

b3. Project STAR: A universal drug abuse prevention program to reach the entire community population with a comprehensive school program, mass media efforts, a parent program, community organization, and health policy change. Results reported indicate positive long-term effects: Students who began the program in junior high, and whose results were measured in their senior year of high school, showed significantly less use of marijuana (approximately 30% less), cigarettes (about 25% less), and alcohol (about 20% less) than children in schools that did not offer the program. The most important factor found to have affected drug use among students was increased perceptions of friends' intolerance of use.

For more information, see:

Pentz, et al. (1989), Pentz (1995), as cited *in Preventing Drug Use Among Children and Adolescents: A Research Based Guide.* (1997). National Institute on Drug Abuse, National Institutes of Health, U.S. Dept. of Health and Human Services.

School Health Starter Kit, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800, Washington, DC 20005. (202)371-9090.

b4. Reconnecting Youth Program (grades 9-12): A school based prevention program. Reports results showing improved school performance, reduced drug involvement, increased self-esteem, personal control, school bonding, and social support, and decreased depression, anger and aggression, hopelessness, stress, and suicidal behaviors.

For more information, see:

Eggert, et al. (1994, 1995) as cited in *Preventing Drug Use Among Children and Adolescents: A Research Based Guide.* (1997). National Institute on Drug Abuse, National Institutes of Health, U.S. Dept. of Health and Human Services.

School Health Starter Kit, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800, Washington, DC 20005. (202)371 -9090.

b5. School-Based Tobacco Programs: A meta-analysis of 90 programs from 1974-1989 showed that social influence programs that were most effective at l-year follow-up had the following components: they were delivered to sixth-grade students, used booster sessions, concentrated the program in a short time period, and used an untrained peer to present the program. Under these conditions, long-term smoking prevalence was about 25% lower.

For more information, see:

Lynch, B.S. & Bonnie, R.J. (eds) (1994). *Growing up Tobacco Free: Preventing Nicotine Addiction in Children and Youths*. National Academy Press, Washington D.C.

School Health Starter Kit, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800, Washington, DC 20005. (202)371-9090.

b6. The Teen Outreach Program: A nationally replicated and evaluated program sponsored by the Junior League, which includes health education and exploration of life options was found to have a positive impact on suspension rates, course failure and female students becoming pregnant. Suspension rates: Control group at entry 23.8%, Intervention group at entry 17%; at exit, CG - 28.7%, and IG - 13%; Failing: At entry CG -37.8%, IG - 30.3%; at exit CG - 48.8%, IG - 25.6%, Pregnancy - At entry CG - 10%, IG - 6.1 %; at exit, CG - 9.8%, IG - 4.2%

For more information, see:

Allen J., Philber S., Herrling S., and Kupermic G. (1997). Preventing Teen Pregnancy and Academic Failure: Experimental Evaluation of a Developmentally Based Approach. *Child Development 64,* 729-742.

School Health Starter Kit, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800, Washington, DC 20005. (202)371-9090.

b7. The 5-a-Day Power Plus: This program increased lunch time fruit consumption and combined fruit and vegetable consumption among all children, lunchtime vegetable consumption among girls, and daily fruit consumption and the proportion of total daily calories attributable to fruits and vegetables.

For more information, see:

Perry, C.L., et al., (1998). Changing Fruit and Vegetable Consumption Among Children: The 5-a-Day Power Plus Program in St. Paul, Minnesota. American Journal of Public Health, 88 (No.4), 603-609.

b8. Gimme 5: A nutrition program for students in 4th and 5th grades based on social cognitive theory. Findings revealed increased vegetable consumption at year two in the treatment group compared to decreased consumption in the control group. Parent interviews suggested a positive increase in the availability of fruit and vegetables at home as a result of program.

For more information, see:

Domel SB, Baranowski, T. Davis HC, Thompson WO, Leonard SB, Baranowski J. A measure of stages of change in fruit and vegetable consumption among 4th and 5th grade school children: Reliability and validity. *Journal of Amer. College of Nut.* 1996;15(1):56-64.

Domel SB, Baranowski T. Davis HC, Thompson WO, Leonard SB, Baranowski J. A measure of outcome expectations for fruit and vegetable consumption among 4th and 5th grade children: reliability and validity. *Health Education Research: Theory & Practice.* 1995;10(1):65-72.

Domel SB, Baranowski T. Davis HC, et al. Development and evaluation of a school intervention to increase fruit and vegetable consumption among 4th and 5th grade students. *Journal of Nutrition Education.* 1993,25(6):345-349.

For program information, contact:

Janice Baranowski, MPH, RD, LD. Project Manager, Department of Behavioral science, University of Texas M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Box 243, Houston, TX 77030-4095. (713)745-2383.

For evaluation information, contact:

Tom Baranowski, PhD, Department of Behavioral Science, University of Texas, M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030-4095. (713)745-2682. E-mail: tbaranow@notes.mdacc.tmc.edu

b9. Healthy for Life: This program uses social influence theory to address five high-risk health behaviors of middle school students, including nutrition habits, tobacco, alcohol and marijuana use, and sexual behavior. Reports that: By the ninth grade, students in the intensive version were significantly more likely to eat more meals in a week, significantly less likely to use cigarettes and scored lower on an overall scale of substance abuse. Males were less likely to use smokeless tobacco than students in control schools. Students in the age-appropriate intervention scored higher on alcohol and smokeless tobacco use than those in the control group suggesting short-term negative effects. Trend data for the intensive intervention is reported as indicating immediate negative effects characterized by increases in high-risk behaviors, but positive effects by the following year.

For more information, see:

Piper, D.L. The Healthy For Life Project: A summary of research findings. Final report to NIDA. Madison: Pacific Institute for Research and Evaluation, 1993.

For program information, contact:

Monica King, Program Coordinator, Pacific Institute, 617 North Segoe Road, Madison, WI 53705. (608) 231 - 2334/ fax: (608) 231 -3211.

For evaluation information, contact:

Douglas Piper, PhD, Pacific Institute, 617 North Segoe Road, Madison, WI 53705. (608)231 -2334 / fax: (608) 231 -3211.

b10. Community of Caring (COC): This values education program for students in kindergarten through high school focuses on prevention and emphasizes the importance of abstinence from early sexual activity and deferring childbearing until marriage. It also encourages abstinence from alcohol and other drug use and stresses the importance of personal health. the program's goal is to strengthen students' ethical decision-making skills by promoting the values of caring, family, respect, trust and responsibility. COC in Richmond was most successful in influencing students to adopt the core sexual values of the COC program. The Kansas COC program was most successful in promoting some secondary values of COC -- helping others and valuing school, personal health and one's family. At all sites, students are reported to have improved their grade point average relative to comparison schools. At the end of the 2-year period, more Richmond students, including at-risk students (compared to control schools) reported significantly fewer not-excused absences and fewer disciplinary actions. Also in Richmond, the one school that documented pregnancies, the number of pregnant students dropped from 14 in 1988 to two in 1990. COC did not influence self-esteem or locus of control.

For more information, see:

Balicki, B.J., Godlenberg, D., Keel, K.S., Burnette, J., Yates, *T. An evaluation of the community of caring-in-schools initiative. Draft final report.* Columbia, Md: The Center for Health Policy Studies, July 7, 1991.

For program information, contact:

Wendy Hirsch, Program Coordinator, Community of Caring 1325 G St. NW, Suite 500 Washington, DC 20005-3104, (202) 393-1251 /fax: (202) 824-0200

For evaluation information, contact:

Rebecca Anderson, Executive Director, Community of Caring 1325 G St. NW, Suite 500 Washington, DC 20005-3104, (202)393-1251 /fax: (202)824-0200

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Appendix B: Support for Transitions

The following are brief summaries and related information on the support for transitions programs listed in Table B.

I. Readiness to Learn / Early Childhood Programs

a. *Head Start Program:* The ultimate goal of Head Start is children's social competence. This refers to the child's everyday effectiveness in dealing with both his or her present environment and later responsibilities in school and life. It takes into account the interrelatedness of cognitive, emotional, and social development; physical and mental health; and nutritional needs. Social competence has five objectives which support it. (1) Enhance Children's Growth and Development, (2) Strengthen Families as the Primary Nurturers of Their Children, (3) Provide Children with Educational, Health and Nutritional Services, (4) Link Children and Families to Needed Community Services, and (5)Ensure Well-Managed Programs that Involve Parents in Decision-making. Various studies have confirmed positive outcomes.

For more information, see:
First Progress Report on the Head Start Program Performance Measures, May 15, 1997. Prepared for: Admin. on Children, Youth and Families, Head Start Bureau, by Caliber Associates, Ellsworth Associates, Westat, Mathematica Policy Research, http://www2.acf.dhhs.gov/programs/hsb/html/final_report.html

b. *Long-term Effects of Early Childhood Programs*: Long term studies of programs such as preschool, Head Start, child care, and pre-kindergarten found enhancements in cognitive achievements and social outcomes. Children who attended showed less placement in special education classes or grade retainment later in their education. They were also more likely to graduate from high school, and less likely to be involved in future delinquent and criminal behavior. Model programs which combined home visits with center-based child development services were associated with less aggressive behavior. Two criminal justice studies showed that program children had fewer contacts with the criminal justice system. One study that followed its subjects through age 27 also found that preschool participants had fewer out-of-wedlock births, relied less on social services as adults, and had higher average earnings than individuals in the control group.

For more information, see:
Gomby, D.S., Larner, M.B., Stevenson, C.S., Lewit, E.M., and Behrman, R.E. (1995) Long-Term Outcomes of Early Childhood Programs: Analysis and Recommendations. *The Future of Children, 5*(3), 6-24.

c. *Early-childhood programs for low income families*: Thirty-six studies of model demonstration projects and large-scale public programs were reviewed to examine the long-term effects on children from low-income families. Results indicate that some early childhood programs can produce large short-term benefits for children on intelligence quotient (IQ) and sizable long-term effects on school achievement, grade retention, placement in special education, and social adjustment.

For more information, see:
Barnett, W.S. (1995). Long-Term Effects of Early Childhood Programs: Cognitive and School Outcomes. *The Future of Children, 5(3), 25-50.*

d. *Early-childhood programs on social outcomes and delinquency*: Early-childhood programs which seek to ameliorate factors associated with later antisocial or delinquent behavior report positive results on a broad range of child and family risk factors for delinquency. There is also promising evidence of their cost effectiveness. Programs demonstrating long-term effects on crime and antisocial behavior tended to be those that combined early-childhood education and family support services. Four programs were evaluated: High/Scope Perry Preschool Project, Syracuse University Family Development Research Program, Yale Child Welfare Project, and Houston Parent Child Development Center. Overall, results indicated that the program participants committed fewer delinquent or criminal acts with less later involvement with the juvenile justice system. Antisocial behavior was decreased in the Yale Project and the Houston Center.

For more information, see:
Yoshikawa, H. (1995) Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency. *The Future of Children, 5(3),* 51-75.

e. *Even Start*: The goal of Even Start is to help break the cycle of illiteracy and poverty by improving the educational opportunities available to low-income families with limited educational experiences. After one year of participation, Even Start children scored significantly higher on the Preschool Inventory (PSI), a test of school readiness, than children in a randomly assigned control group. Children who remained in Even Start more than one year may grow at a-faster-than-expected rate both on the PSI and on the Preschool Language Scale (PLS). A substantial body of research shows that gains are enhanced by exposure to a high-quality, center-based program; adults and children with high levels of participation in Even Start's core services had larger learning gains than those with low levels of participation, and children in projects emphasizing center-based (as contrasted with home-based) programs had larger learning gains. Findings from the first national evaluation showed a positive relationship between the amount of parenting education received and children's vocabulary test scores.

For more information, see:
Even Start: Evidence from the Past and a Look to the Future. Planning and Evaluation Service Analysis and Highlights. http://www.ed.gov/pubs/EvenStart/highlights.html.

f. *Full-day Kindergarten:* Research studies confirm that attendance in developmentally appropriate full-day kindergarten results in academic and social benefits for students, at least in the primary grades. Those in full-day kindergarten programs (compared to half-day or alternate day programs) exhibited more independent learning, classroom involvement, productivity in work with peers, and reflectiveness than half-day kindergartners. They were also more likely to approach the teacher and expressed less withdrawal, anger, shyness, and blaming behavior.

For more information, see:
Cryan, J., Sheehan, R., Weichel, J., and Bandy-Hedden, I.G. (1992). Success Outcomes of Full-day Kindergarten: More Positive Behavior and Increased Achievement in the Years After. *Early Childhood Research Quarterly, 7*(2, June), 187-203. EJ 450 525.

Holmes, C.T., and McConnell, B.M. (1990). Full-day versus Half-day Kindergarten: An Experimental Study. Unpublished paper. ED 369 540.

Karweit, N. (1992). The Kindergarten Experience. *Educational Leadership, 49* (6, Mar), 82-86. EJ 441 182.

Rothenberg, D. (1995). Full-Day Kindergarten Programs. *ERIC Digest*: ED 382410.

2. Before & After-School Programs

a. *The ASPIRA Lighthouse Program*: This is an educational and recreational program serving children in grades K-12 three hours a day, five days a week, and all day during the summer. In providing educational enrichment, cultural awareness, and recreational activities, the program offers children a range of options from karate and dance to reading skills and math and science programs. Volunteers, including parents, teach special classes, car-pool students, read with children, and help with homework. The program is designed to be well connected to the schools: each site coordinator is a teacher in the school. The principal, other teachers, and community agencies manage the program with the cooperation of families, students, school custodians, and security guards. The chief of police credits the Lighthouse program with the decrease in crime, especially in juvenile crime, throughout the city. Lighthouse children outperformed other students on standardized tests in reading and math, and they showed better attendance rates. Parents, teachers, and students also reported improved student self-motivation, higher levels of homework quality and completion, fewer disciplinary referrals, and better peer and teacher relationships.

For more information, see:
Safe and Smart: Making After-School Hours Work for Kids - June 1998. Which can be downloaded at: http://www.ed.gov/pubs/SafeandSmart/

Contact: Tammy Papa, ASPIRA Lighthouse Program, Bridgeport, Connecticut, 203-576-7252.

b. *The Beacon Schools:* The Beacon schools in New York City were designed to create safe, drug-free havens where children, youth, and families could engage in a wide range of positive activities. Community-based organizations work collaboratively with community advisory councils and schools to develop and manage the 40 Beacon schools. At least 75% of the schools are open 13-14 hours a day, seven days a week; the rest are open at least 12 hours a day, six days a week. Typical ongoing enrollment at the Beacons averages 1,700 community residents. Beacons offer sports and recreation, arts and culture, educational opportunities, vocational training, health education, and the opportunity for community meetings and neighborhood social activities. Each Beacon receives $400,000 annually, along with $50,000 for custodial services. Several private foundations also provide funds to enhance programming. A Teen Youth Council launched a community beautification effort, sponsored workshops on job readiness and employment skills, and organized a peer mediation program to prevent youth violence. Narcotics Anonymous, the Boy Scouts, a meal program, cultural studies, and supervised sports also take place at the community center. Through the center's Family Development Program, case managers work with families to keep children out of the foster care system, to help students with remedial academics, and to support parents as the primary educators of their children. The Beacon Program has increased youth access to vocational arenas, therapeutic counseling, and academic enrichment. Students' performance on standardized reading tests has improved, and police report fewer juvenile felonies in the community.

For more information, see:
Safe and Smart: Making After-School Hours Work for Kids - June 1998. Which can be downloaded at: http://www.ed.gov/pubs/SafeandSmart/

Contact: Jennie Soler-McIntosh (212-676-8255) or Michelle Cahill (212-925-6675), Beacon School-Based Community Centers, New York, NY.

c. *Effects of after-school care:* Four types (formal after-school programs, mother care, informal adult supervision, and self-care) were examined for 216 low-income children (Mean age = 9.1 years). Attending a formal after-school program was associated with better academic achievement and social adjustment in comparison to the other types of after-school care. Children's activities and experiences also varied in different after-school settings. Those in formal programs spent more time in academic activities and enrichment lessons and less time watching TV and playing outside unsupervised than other children. They also spent more time doing activities with peers and adults and less time with siblings than did other children. The time children spent in these activities was correlated with their academic and conduct grades, peer relations, and emotional adjustment.

For more information, see:
Posner, J.K., and Vandell, D.L. (1994). Low-Income Children's After-School Care: Are There Beneficial Effects of After-School Programs? *Child Development, 65*, 440-456.

Seppanen, P.S, and others. (1993). *National Study of Before- and After-School Programs: Final Report.* http://eric-web.tc.columbia.edu/abstracts/ed356043.html

d. *I.S. 218: & P.S. 5:* When I.S. 218 in New York City decided to become a community learning center, the school created an after-school program with the help of the Children's Aid Society and other community partners. A parent survey indicated concern about homework, so the after-school program initially focused on providing homework assistance. Within months, two computer labs, dance classes, arts and crafts, band, and some entrepreneurial programs were also added, with learning and homework always central. The after-school program gradually evolved into an extended day program in which, for example, non-English speaking children can attend Project Advance for special instruction in Spanish and English as a Second Language. Evaluations show positive effects for the school's and children's attitudes. When compared to a school with similar characteristics, I.S. 218 students performed, on average, 15% higher on reading and math exams.

Before- and after-school activities have been a part of P.S. 5 from its opening day as a community school. Half of the students at P.S. 5 participate in the breakfast program, which begins at 7:30 a.m. The extended day program organizes students by classes, and the daily schedule includes academics and homework help, fine arts, gym, dramatics, and recreation. The Broadway Theater Institute helps children put on musicals. Teachers in the extended day program communicate daily with regular teachers about homework and special help students may need. Parents serve as assistants, and over 300 adults participate in the Adult Education program, which offers classes in English as a Second Language, GED preparation, literacy, and arts and crafts. Students and families also have access to physical and mental health services and an on-site Head Start program. Since 1995, the school has shown impressive gains in reading and math achievement. In math, the number of students performing at grade level improved from 45 to 59%, compared to 42% in similar schools. Thirty-five percent now read at grade level, compared to only 21% in 1995 and just 17% in similar city schools.

For more information, see:
Safe and Smart: Making After-School Hours Work for Kids - June 1998.
http://www.ed.gov/pubs/SafeandSmart/

Contact: C. Warren Moses, 212-949-4921, I.S. 218 and P.S. 5, Children's Aid Society Community Schools, New York City, NY.

e. *The Lighted Schools Project:* This Project provides over 650 middle school youth with a safe, supervised environment during after-school hours four days a week from 3:45 p.m. to 6:30 p.m. Children are transported home at the end of the program each night. Communities in Schools case management and social work staff oversee operations at each site. Thirteen community agencies provide all after-school services and programs for students and families at the sites. While the program targets at-risk youth, all middle school youth can participate in free activities, including sports, crafts, special events, and art instruction. Students have access to primary health care if it is needed and may also participate in small group activities designed to build self-confidence, make positive choices, prevent violence and drug and alcohol abuse, and resolve conflicts. Some schools provide tutoring and homework assistance and participate in community volunteer projects. A number of students each year are matched with a Baylor University mentor, who commits to mentoring a student for the entire year while participating in a college course on mentoring skills. Other community partners include local school districts, a hospital, the city recreation department, the community arts center, and a local council on alcohol and drug abuse prevention. In a 1997 evaluation, 57% of students at four of the sites improved their school attendance. Two sites experienced a 38% decrease in the number of participants failing two or more classes.

For more information, see:
Safe and Smart: Making After-School Hours Work for Kids - June 1998.
http://www.ed.gov/pubs/SafeandSmart/

Contact: Joyce Reynolds, 254-753-6002, The Lighted Schools Project, Communities in Schools, McLennan Youth Collaboration, Inc., Waco, TX

f. *STAR and COMET Programs*: The Institute for Student Achievement provides a school-based program of counseling and academic assistance to middle and high school students who are having trouble in school. The program, which has both after-school and summer components, operates in six school districts in New York State, including Long Island, New York City, Mt. Vernon, and Troy. STAR (Success Through Academic Readiness) supports high school students through academic enrichment and counseling for at least two hours a day after school. COMET (Children of Many Educational Talents) addresses the special needs of middle school students, helping them to improve communication, comprehension, and social interaction skills and to make the transition to high school smooth. Every STAR student has graduated from high school, and 96% have gone on to college. Test scores at participating Hempstead High School on Long Island improved so much that the state removed the school from its list of low-performing schools a year ahead of schedule.

For more information, see:
Safe and Smart: Making After-School Hours Work for Kids - June 1998. Which can be downloaded at: http://www.ed.gov/pubs/SafeandSmart/

Contact: Institute for Student Achievement, New York. Lavinia T. Dickerson, 516-562-5440.

g. *Quantum Opportunities Program (QOP)*: This is a youth development program designed to serve disadvantaged adolescents by providing education, service, and development activities, as well as financial incentives, from 9th grade through high school graduation. Services include: computer-assisted instruction, peer tutoring and other forms of academic assistance, cultural enrichment, acquiring life/family skills, and help planning for college or advanced vocational training. Students also participate in community service projects and volunteering. The program is run in small groups and tailored to each individual student. Young people are provided with adult mentors who keep track of them, making home visits, and sticking with the youth for their four years in high school. An evaluation conducted at four sites indicates that, relative to a control group, QOP students: graduated from high school more often (63% vs. 42%); dropped out of school less often (23% vs. 50%); went on to post-secondary education more often (42% vs. 16%); attended a four year college more often (18% vs. 5%); attended a two-year institution more often (19% vs. 9%); and became teen parents less often (24% vs. 38%). QOP students were also more likely: to take part in community projects in the 6 months following QOP (28% vs. 8%); to volunteer as tutors, counselors, or mentors (28% vs. 8%); and to give time to non-profit, charitable, school or community groups (41% vs. 11%).

For more information, see:
Lattimore, C.B., Mihalic, S.F., Grotpeter, J.K., & Taggart, R. (1998). *Blueprints for Violence Prevention, Book Four: The Quantum Opportunities Program*. Boulder, CO: Center for the Study and Prevention of Violence.

Contact: C. Benjamin Lattimore, Opportunities Industrialization Centers of America, Inc., 1415 Broad Street, Philadelphia, PA 19122, (215) 236-4500, Ext. 251, Fax: (215) 236-7480.

h. *4-H After-School Activity Program*: Through the U.S. Department of Agriculture's Cooperative Extension Service in conjunction with the University of California, business, education, and government join together in a local partnership to run the 4-H After-School Activity Program. It provides hands-on learning to over 1,000 children, ages 7-13, in 20 public housing and school sites. The program offers students a safe haven after school, caring adult mentors, assistance with school work, extended learning activities, and encouragement and reinforcement of positive attitudes and healthy living. Other activities include reading, computer literacy, conflict resolution, community service, and career exploration. In an evaluation of the Los Angeles program, many parents reported a positive effect on the attitude and behavior of their child. Over 85% of parents claimed that the program kept their children out of gangs, and over 83% noted an increased interest in school.

For more information, see:
Safe and Smart: Making After-School Hours Work for Kids-June 1998.
http://www.ed.gov/pubs/SafeandSmart/

Contact: Don MacNeil, 4-H After-School Activity Program (4-H ASAP), Los Angeles, California; 805-498-3937

i. *L.A.'s BEST (Better Educated Students for Tomorrow):* Evaluations of this after school education, enrichment, and recreation program for grades K-6 in the city of Los Angeles report that students increased self-confidence and were better able to get along with others. Vandalism and school-based crime decreased by 64%. Children who participated also got better grades, had greater enthusiasm for regular school and showed positive changes in behavior. Schools running an LA's BEST program have shown a 40-60% reduction in reports of school-based crime.

For more information, see:
Fletcher, A.J. 1999. After School Learning and Safe Neighborhood Partnerships: Implementation Approaches. www.wwlc.org

Safe and Smart: Making After-School Hours Work for Kids - June 1998.
http://www.ed.gov/pubs/SafeandSmart/ or contact: Carla Sanger, 213-847-3681, LA's BEST (Better Educated Students for Tomorrow), Los Angeles, CA.

j. *The Milwaukee Project:* This project is a U.S. Department of Justice Weed and Seed site, in which law enforcement, community-based organizations, and residents work together to improve their neighborhood. The Milwaukee Public Schools system collaborates with local groups to provide Safe Havens at three neighborhood sites. Approximately 8,300 youth participate in Safe Haven after-school programs. The programs provide homework and tutoring assistance, recreational activities, games, choir, arts and crafts, and computer skills. The Safe Havens involve the police department in program planning and also encourage students to participate in the Police Athletic League. The programs have played a role in the reduction in the crime rate in areas with a Safe Haven by providing youth with alternative activities during high-risk hours for delinquency. In the 15 months following inception of the program, the crime rate dropped by 20.7% in the areas with the neighborhood sites. The rate of violent offenses in these areas dropped by 46.7% during the same time period.

For more information, see:
Safe and Smart: Making After-School Hours Work for Kids - June 1998.
http://www.ed.gov/pubs/SafeandSmart/

Contact: Sue Kenealy, 414-935-7868, The Milwaukee Project, Milwaukee, WI.

k. *START (Students Today Achieving Results for Tomorrow)*: 5,000 children attend Sacramento's START, an afterschool program which places a high priority on academic improvement. Eighty-three percent were racial and ethnic minorities, 56% lived in households where English was not the primary language, and 87% were members of families that were transitioning from welfare to work or had annual incomes of less than $25,000. Seventy-five percent began the program with reading, writing and math national test scores below the 30th percentile. More than 80% of these students showed academic and social improvement significantly greater than their peers not enrolled in the program. Priority was placed on providing resources, opportunities, and guidance that in combination result in improvements in: reading, writing, and math skills; grades; positive social relationships; and enthusiasm for learning. Families involved with the program moved more quickly toward economic self-sufficiency than those who were not. Parents reported that knowing their children were well supervised reduced stress and increased their job productivity and 98% of primary care givers stated that the program benefitted them as well as their children. A strong correlation was found between the length of time in the program and a decline in absences during the regular school day.

For more information, see:
Fletcher, A.J. (1999). After School Learning and Safe Neighborhood Partnerships: Implementation Approaches. www.wwlc.org

Fact Sheet on School-Age Children's Out-of-School Time

National Institute on Out-of-School Time, Center for Research on Women, Wellesley College
Revised December 1998 http://www.wellesley.edu/WCW/CRW/SAC/factsht.html

Almost 30% of public schools and 50% of private schools offered before- and/or after- school care in 1993-94, compared to only 15 and 33% in 1987-88. These programs are least available in rural areas.

Reference: National Center for Education Statistics (1997). *Schools Serving Family Needs: Extended-Day Programs in Public and Private Schools.* Washington, DC: U.S. Dept. of Educ.

The Government Accounting Office estimates that in the year 2002, the current number of out-of-school time programs for school-age children will meet as little as 25% of the demand in some urban areas.

Reference: U.S. General Accounting Office (1998). Abstracts of GAO Reports and Testimony, FY97. http://www.gao.gov/AindexFY97/abstracts/he97075.htm

Fees for programs for school-age children vary. Parent fees range from $2.41 per hour in Minnesota to $4.70 per hour in New Jersey.

Reference: National Association of Child Care Resource and Referral Agencies (NACCRRA), 1998 (April). *Child care fees across the nation. Child Care Information Exchange Trend Report #3.*

Eighty-three percent of program income is from parent fees and 86% of parents pay the full program fee.

Reference: Seppanen, P.S., Love, J.M., deVries, D.K., Bernstein, L., Seligson, M., Marx, F., & Kisker, E.E. (1993). *National study of before & after school programs.* (Final report to the Office of Policy and Planning, U.S. Department of Education). Portsmouth, NH: RMC Research Corp.

Studies have found that children who attend quality programs have better peer relations, emotional adjustment, grades, and conduct in school compared to peers who are not in programs. They also have more learning opportunities, academic or enrichment activities, and spend less time watching television.

Reference: Posner, J.K. & Vandell, D.L. (1994). Low-income children's after-school care: Are there beneficial effects of after-school programs? *Child Development, 65,* 440-456.

Researchers found that children who are under adult supervision, in programs or at home, have better social skills and higher self-esteem than their peers who are unsupervised after school.

Reference: Witt, P.A. (1997). Evaluation of the Impact of Three After-School Recreation Programs Sponsored by the Dallas Park and Recreation Department. http://wwwrpts.tamu.edu/rpts/faculty/pubs/wittpub2.htm

One study found that, compared to peers with lower attendance rates, children who attend after-school programs regularly have higher grades and self-esteem.

Reference: Baker, D. & Witt, P.A. (1996). Evaluation of the impact of two after-school recreation programs. *Journal of Park and Recreation Administration, 14(3),* 23-44.

Teachers and principals report that students become more cooperative, learn to better handle conflicts, develop an interest in recreational reading, and receive better grades due to participation in after-school programs.

Reference: Riley, D., Steinberg, J., Todd, C., Junge, S., McClain, I. (1994). Preventing problem behaviors and raising academic performance in the nation's youth: The impacts of 64 school age child care programs in 15 states supported by the Cooperative Extension Service Youth-at-Risk Initiative. Madison, WI: University of Wisconsin.

A study of two housing projects, one with a 32-month after-school recreation program and one with minimal recreation services, found that in the housing project with the after-school program, juvenile arrests declined by 75% compared to the years prior, while juvenile arrests increased by 67% in the housing project offering minimal services.

Reference: Jones, M.B., & Offord, D.R. (1989). Reduction of antisocial behavior in poor children by nonschool skill-development. *Journal of Child Psychology and Psychiatry, 30(3),* 737-750.

Fact Sheet Continued...

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MIDDLE SCHOOL STUDENTS

- Students who spend one to four hours per week in extracurricular activities are 49% less likely to use drugs and 37% less likely to become teen parents than students who do not participate in extracurricular activities.

  Reference: U.S. Department of Health and Human Services (1996). Adolescent Time Use, Risky Behavior, and Outcomes: An Analysis of National Data. Washington, DC: Author.

- Eighth graders who take care of themselves for 11 hours or more per week are at twice the risk for substance abuse compared to those who are not in self-care at all.

  Reference: Richardson, J.L., Dwyer, K., McGuigan, K., Hansen, W.B., Dent, C., Johnson, C.A., Sussman, S.Y., Brannon, B., & Flay, B. (1989). Substance use among eighth-grade students who take care of themselves after school. Pediatrics, 84(3), 556-566.

PUBLIC SUPPORT

- Ninety-two percent of Americans feel that there should be organized activities for children and teens during the after-school hours.

  Reference: Charles Stewart Mott Foundation (1998). Nationwide poll of support for after-school programs. Conducted by Lake Snell Perry/ The Tarrance Group. Flint, MI: Author.

- Eighty percent of Americans say they would pay an additional $10 per year in taxes to fund programs in their communities.

  Reference: Charles Stewart Mott Foundation (1998). Nationwide poll of support for after-school programs. Conducted by Lake Snell Perry/The Tarrance Group. Flint, MI: Author.

- Almost three-quarters of parents of school-age children say they would be willing to pay for a quality school-based after-school program for their children, but only 31% of elementary school parents and 39% of middle school parents report that their child attends a program in his or her school.

  Reference: U.S. Department of Education & U.S. Department of Justice (1998). Safe and Smart: Making After-School Hours Work for Kids. Washington, DC: Authors.

- Forty-six percent of parents believe it is very important that schools stay open all day, and 43% of parents think after-school activities should be a high priority, despite limited education budgets.

  Reference: Newsweek, 4/27/98.

- In a recent survey of police chiefs, nine out of ten surveyed support prevention programs for youth as an effective way to fight crime.

  Reference: Fight Crime Invest in Kids (1996). Police Chiefs say More Government Investments in Kids are Key to Fighting Crime: Survey Findings. Washington, DC: Author.

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3. Grade Articulation Programs

a. *The Transition Project:* This Project aimed at increasing levels of peer and social support during transition to high school and reducing the difficulties of mastering transition tasks. It had two primary components: (1) restructuring the role of homeroom teachers to include guidance and counseling and (2) reorganizing the regularities of the school environment to reduce the social setting flux. Midyear and end of ninth grade assessments were collected on participants and matched controls measuring self-concepts, perceptions of school environment, and eighth- and ninth-grade attendance and grade averages. By the end of ninth grade, participants had significantly better attendance records and grade point averages as well as more stable self-concepts than controls. Further, by the final evaluation point, they also reported perceiving the school environment as having greater clarity of expectations and organizational structure and higher levels of teacher support and involvement.

For more information, see:
Felner, R.D., Ginter, M. & Primavera, J. (1982). Primary prevention during school transitions: Social support and environmental structure. *American Journal of Community Psychology, 10*, 277-289.

b. *The Social Support Program:* This program provides teacher support, group support, and parental support to poor academic transition students. Sixty-six first year 6th graders were put into one of three groups: no-intervention, a group receiving Components A, B, and C, or a group receiving Component A only. Results showed that for full and partial intervention, mean GPA improved from pre- to post-intervention and from pre-intervention to follow up (only significant for full intervention group). The no intervention group maintained a higher mean GPA than both intervention groups post-intervention. The full intervention group had lower depression scores at post-intervention and follow up than pre-intervention. Full and partial intervention had lower anxiety scores at post-intervention and follow up than pre-intervention. Both groups did not significantly differ from the no-intervention group at post-intervention and follow up. Full and partial intervention groups' stress decreased over time on peer relationships only. Pre-intervention differences between no intervention and intervention groups on academic pressures were gone at follow up. The partial intervention group showed significantly greater teacher reported problems on socialized aggression and anxiety/withdrawal at post-intervention and follow up than full intervention and no intervention groups. Pre-intervention differences between no intervention and full intervention groups on socialized aggression were gone at post-intervention and follow up.

For more information, see:
Greene, R.W., & Ollendick, T.H. (1993). Evaluation of a multidimensional program for sixth-graders in transition from elementary to middle school. *Journal of Community Psychology, 21*, 162-176.

c. *The Bridge Program:* This is designed to ease transition between middle and high school. It is a one-semester transitional program for all incoming ninth grade students and provides them with a variety of activities that promote academic achievement, responsibility, school spirit, fellowship, acceptance, and empowerment. Bridge students had 70.7% of their grades in core classes at or above C, whereas the previous non-Bridge ninth grade class had 68.5% of grades at or above C. As tenth graders, they averaged 75.8% of their grades above C, compared to non-Bridge tenth graders who averaged 68% of grades above C. Also, non-Bridge ninth graders had a 22% withdrawal rate from school (dropouts and transfers) while only 5% of Bridge ninth graders withdrew. Regarding discipline, Bridge freshmen were disciplined less (22%) compared to non-Bridge freshmen (34%). The majority of students and staff supported the program and thought it was effective.

For more information, see:
Sheets, R.A., Izard-Baldwin, G., & Atterberry, P. (December, 1997). Bridge: A Program Designed to Ease the Transition from the Middle Level to the High School. *Bulletin, 81*(593). The National Association of Secondary School Principals. For more information about the Bridge program, contact Gloria Izard-Baldwin at gizard@cks.ssd.k12.wa.us.

d. *Sixth Grade Transition Groups (SGTG):* The goal is to increase students' ability to successfully negotiate the academic, social, and emotional challenges that accompany transition to middle school. Three hundred eight fifth graders received a social competency/stress reduction program. Results showed that 94% of the students said they found the group helpful, 72% said that Day 3 was most helpful, and 92% would recommend it to fifth grade students next year.

For more information, see:
Hellem, D.W. (1990). Sixth grade transition groups: An approach to primary prevention. *Journal of Primary Prevention, 10(4)*, 303-311.

4. Welcoming and Social Support

a. *School Transitional Environment Project (STEP)*: This is designed to (a) reduce exposure to high risk circumstances and increase exposure to developmentally enhancing conditions, (b) reduce adaptive demands imposed by school transitions by reorganizing the regularities of the school environment to reduce the degree of flux and complexity, and (c) increase resources for students during this time by restructuring the roles of homeroom teachers and guidance staff to provide greater support. Participants were 1,004 students in 4 STEP schools and 761 in 4 non-STEP schools. Results showed that participation was associated with: more favorable school experiences (Perceived Climate Scale); more positive student adjustment; lower levels of school transition stress; greater school, family, and general self-esteem; less depressive and anxiety symptoms (CDI, CMAS); less delinquent behavior (Delinquency scale of the YSR); higher levels of academic expectations; more favorable teacher ratings of behavioral adjustment; and better grades and school attendance.

For more information, see:
Felner, R.D., Brand, S., Adan, A.M., Mulhall, P.F., Flowers, N., Sartain, B., & DuBois, D.L. (1993). Restructuring the ecology of the school as an approach to prevention during school transitions: Longitudinal follow-ups and extensions of the School Transitional Environment Project (STEP). In Jason, L.A., Danner, K.E., & Kurasaki, K.S. (Eds.) *Prevention and School Transitions: Prevention in Human Services.* New York: The Haworth Press,.

b. *The School Transitions Project*: This Project sought to offer a cost-effective, secondary prevention program for high-risk elementary school students undergoing an unscheduled school transition. The primary goals were to boost high-risk transfers' academic achievement to at least the average level of non-transfer students and to promote transfer students' classroom social adjustment. It was done in 20 inner-city, parochial elementary schools in Chicago. Schools were matched in size and ethnicity. One member of the pair was randomly assigned to either the experimental or control group. All transfer students initially received an orientation program, some received no further intervention, others were provided tutoring at school, and others were provided school tutoring plus parent tutoring. School tutoring was conducted twice weekly by project staff. In the school plus home tutoring condition, parents were trained in tutoring techniques and use of special academic materials. Evaluations were conducted each year for the first three years. In general, those involved in the tutoring program (either at school or at school and at home) made significant academic gains compared to controls. During the first and second year, gains were made in reading, spelling, and mathematics. However, during the third year, significant gains were found only in reading and spelling. Participants also showed significant improvements in coping skills and decreases in social withdrawal and inattentiveness -- especially those in the school and home tutoring conditions where parents were highly involved.

For more information, see:
Jason, L.A., Weine, A.M., Johnson, J.H., Danner, K.E., Kurasaki, K.S., & Warren-Sohlberg, L. The School Transitions Project: A comprehensive preventive intervention. *Journal of Emotional and Behavioral Disorders, 1*, 65-70.

c. *Child Development Project (CDP)*: This is a multi-year, comprehensive school-change program that aims to help elementary school children feel more attached to the school community, internalize the community's norms and values, exhibit behavior consistent with norms and values, and reduce their involvement in drug-use and other problem behaviors. The program strives to strengthen tendencies to be caring and responsible, motivation to learn, and higher-order cognitive development. It includes parent involvement activities, staff training, school-wide community building activities, and a cross-grade buddy program. The intent is to integrate children into a school community in which the members are mutually supportive, concerned about one another's welfare, and interested in contributing to the life of the community. Outcomes show that children do see their classrooms as caring communities and that the more they do, the more their social, ethical, and intellectual development are enhanced. They show an increase in pro-social behaviors in grades K-4, and decreased delinquency in schools with the highest level of implementation.

For more information, see:
Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial. *Journal of Adolescent Research, 11, 12-35.*

Battistich, V., Solomon, D., Kim, D., Watson, M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and student' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal, 32*, 627-658.

For project information, contact:
Sylvia Kendzior, Developmental Studies Center, 200 Embarcadero, Suite 305, Oakland, CA 94606-5300, (510) 533-0213. To order materials, call (800) 666-7270.

5. To and From Special Education

a. *Adaptive Learning Environments Model (ALEM)*: This is a full-time mainstreaming program for exceptional students (learning disabled, socially and emotionally disturbed, visually impaired, and gifted). Evaluations report that students in the mainstreaming classes initiated interactions with teachers more often (32.4%) than students in the non-ALEM classes (4%). Also, they interacted with teachers significantly more for instructional purposes (95.2% vs. 88.1% for the non-ALEM students), and they interacted more frequently with peers for instructional purposes (45% vs. 13% for the non-ALEM classes.) They spent less time on teacher-prescribed activities (63.6% vs. 91% for the non-ALEM classes). At the same time, students in the ALEM situation spent nearly equal percentages of time in group settings (group interactive, 22.3%; group parallel, 25.1%; total, 47.4%) as in individual settings (52.6%). Positive changes in behavior from October to April during the a.m. sessions were transferred to the p.m. sessions only for the ALEM students. Students attitudes improved, self-ratings of the handicapped students were slightly higher than those of their regular peers. Handicapped students in ALEM classes tended to rate their cognitive competence, social competence, and general self-esteem higher than those in non-ALEM classes. Achievement gains for mainstreamed special education students in ALEM classrooms were 1.08 in math and 1.04 in reading. Scores were not significantly beyond the national norm, however they were significantly greater than the expected gains in both reading and math for students with comparable special education classifications.

For more information, see:
Wang, M.C. & Birch, J.W. (1984). Comparison of a full-time mainstreaming program and a resource room approach. *Exceptional Children, Sept. 51*(1): p.33-40.

b. *Community-level Transition Teams*: These teams assist youth and adults with learning disabilities to prepare for attending a post-secondary institution or determining a career direction, living independently, establishing social support networks, and in establishing transportation options. Results from Oregon included creation of new instructional programs, better communication and collaboration among local service providers, and increased student self-esteem and self-worth.

For more information, see:
Blalock, G. (1996). Community transition teams as the foundation for transition services for youth with learning disabilities. *Journal of Learning Disabilities, Feb 29* (2), 148-159.

c. *Parallel Alternate Curriculum (PAC) Program:* This teacher training program is designed for teachers to learn classroom methods for ensuring academic success for mainstreamed, low-achieving students. Data indicate that the teacher training establishes a successful setting for mainstreaming handicapped students. Student achievement is improved and both teachers and students like PAC classes. Potential drop-outs also are reported as staying in PAC classes they otherwise would drop.

For more information, see:
Smith, G. & Smith, D. (1985). A mainstreaming program that really works. *Journal of Learning Disabilities, Jun-Jul, 18*(6), 369-372.

d. *Transition Programs for the Handicapped:* These programs were developed to evaluate the impact and effectiveness of transition services for special education students in Maine (where a significant number of local education agencies are not addressing transition needs in a formalized way). Findings indicate that components unique to transition programs were not as successfully implemented, including community involvement, quantity and quality of job placements, student follow-up, post-secondary educational placements, and adjustment to community living. Successful transition programming are reported as sharing some components with special education, such as referral and assessment, interagency collaboration, use of functional curricula, and active participation of parents and students.

For more information, see:
Maine State Department of Educational and Cultural Services, Augusta Div. of Special Education. (1987). Transition Programs for the Handicapped: Impact and Effectiveness. Executive Summary.

6. School to Career Programs

a. *Job Corps:* This is the nation's largest and most comprehensive residential education and job training program for at-risk youth, ages 16 through 24. Since 1964, the program has provided more than 1.7 million disadvantaged young people with integrated academic, vocational, and social skills training for gaining independence and getting quality, long-term jobs or furthering their education. It is a public-private partnership, administered by the U.S. Department of Labor. Benefits are reported as accruing for the disadvantaged youth who attend the program, for communities and schools where centers are located, and for employers who hire the students. More than 75% of those who enroll become employed, obtain further training, or join the military. Students who stay in the program to completion oncrease their chances for getting better jobs and higher wages.

For more information, contact:
Job Corps: 1-800-733-JOBS (1-800-733-5627), or visit their website at www.jobcorps.org

b. *Career Education*: This program reports that students with low motivation to attend school improve in school attendance and retention. Vocational students are more likely to complete the vocational program they have selected, and all else being equal, the more vocational classes students took, the less likely they were to drop out of school.

For more information, see:
Mertens, D.M., Seitz, P., and Cox, S. (1982). *Vocational education and the high school dropout*. Columbus: The National Center for Research in Vocational Education, The Ohio State University, ED 228397.

Miller, J.V., and Imel, S. "Some Current Issues in Adult, Career, and Vocational Education." In: *Trends and Issues in Education*, 1986, edited by E. Flaxman. Washington, DC: Council of ERIC Directors, Educational Resources Information Center, Office of Educational Research and Improvement, U.S. Department of Education, 1987. ED 281 897.

Naylor, M. (1987). Reducing the Dropout Rate through Career and Vocational Education. Overview. *ERIC Digest* ED 282094.

Weber, J.M. (1986). *The Role of Vocational Education in Decreasing the Dropout Rate*. Columbus: The National Center for Research in Vocational Education, The Ohio State University. ED 264 444.

c. *Cognitive Career Interventions:* Studies evaluating cognitive career interventions for youth with learning disabilities report counseling group interventions produced significant increases in self-awareness and career awareness, improved skills in employment writing and interviewing, and advanced strategies in problem solving and anger management.

For more information, see:
Biller, E.F. (1987). *Career Decision Making for Adolescents and Young Adults with Learning Disabilities: Theory, Research and Practice*. Springfield, IL: Charles C. Thomas.

Hutchinson, N.L. (1995). Career Counseling of Youth with Learning Disabilities. *ERIC Digest*: ED 400470

Hutchinson, N.L., Freeman, J.G., & Fisher, C. (1993). "A Two-Year Cohort Study: Career Development for Youth with Learning Disabilities." Paper presented at the annual meeting of the American Educational Research Association, Atlanta, GA.

d. *Jobs for Ohio's Graduates (JOG)*: JOG's mission is to identify students at greatest risk of dropping out of school and provide them with a support system that not only keeps them in school, but also helps them adjust to the transition from school to work after graduation. Launched in 1986-87, it reports achieving a graduation rate in excess of 91 percent. More than 80 percent of students identified as at-risk when they entered were on the job, in the military, or in post-secondary education 12 months following graduation. Eighty percent of those working were in full-time placement. Cost were less than $1,000 per student, $750 of which came from State funds; the rest was from private and federal sources.

For more information, see:
Jobs for Ohio's Graduates, 65 South Front Street Room 912, Columbus, OH 43215-4183. 614-466-5718

Keeping Young People in School: Community Programs That Work. By Sharon Cantelon and Donni LeBoeuf. Published in *OJJDP Bulletin*, June 1997. http://www.ncjrs.org/txtfiles/dropout.txt

e. *Mat-Su Alternative School (MSAS)*: This program reports working closely with businesses, government, and nonprofit agencies to provide at-risk youth with the academic and vocational skills needed to make the successful transition from school to work, including the military. (Mat-Su is a Tier I school for acceptance of graduates into the military.) Graduates have gone on to colleges and vocational schools; some are reported as having earned places on the dean's list at the University of Alaska. The program networks with 150 business owners to provide job sites. Students have 100% job placement and continue employment after graduation.

For more information, contact:
Mat-Su Alternative School, Matanuska-Susitna Borough School District, 1775 West Parks Highway, Wasilla, AK 99654. 907-373-7775

f. *Stay-in-School:* This is a Canadian government initiative to encourage youngsters to finish high school and acquire the skills needed for the jobs of tomorrow. The initiative cites increases in student retention, and student reported improvement in self-confidence, work habits, life and academic skills, and expressed a desire to continue with and succeed in school. In-school coordinators reported that 84% of students involved in dropout interventions in 1992-93 completed their year. Of these, it is estimated that less than 25% would have finished the year. Fifty percent of school contacts noted enhanced academic performance in over half of the participants. Improved life skills were reported by 70% of respondents. Almost all contacts stated the initiative was cost-effective.

For more information, see:
Hackett, H. & Baron, D. (1995). Canadian Action on Early School Leaving: A Description of the National Stay-in-School Initiative. *ERIC Digest*. ED399481.

Renihan, F., Buller, E., Desharnais, W., Enns, R., Laferriere, T., & Therrien, L. (1994). "Taking Stock: An Assessment of The National Stay-In-School Initiative." Hull, PQ: Youth Affairs Branch, Human Resources Development Canada.

Appendix C: Student and Family Assistance Programs and Services

The following are brief summaries and related information on the student and family assistance programs listed in Table C.

1. School-Owned and/ or Based Support Programs

a. *Are school-based mental health services effective? Evidence from 36 inner city schools:* An urban-based, university-affiliated children's psychiatric outpatient clinic implemented a program providing mental health services in inner city schools. A clinic sample was compared with a sample served in the schools. The findings show both sets of children improving -- as indicated by the Children's Global Assessment Scale and Global Assessment of Functioning Scale. Improvements were comparable, even though the school children were seen for a slightly shorter period of time (an average of 5 versus 8 months -- but with an equal frequency level of services -- 3 sessions per month in each setting). School personnel report that those receiving school-based services have improved in overall functioning, academic performance, attendance, and behavior.

For more information, see:
Armbruster, P., & Lichtman, J. Are school-based mental health services effective? Evidence from 36 inner city schools. *Community Mental Health Journal, in press.*

b. *California's Healthy Start:* This initiative is designed to involve schools, families, neighborhoods, and public and private agencies and businesses in working together to meet student and family needs. The evaluation of 65 sites from 1992 to 1995 showed better grades for students in grades K-3; improved attendance in grades K-3, especially for students absent most often; school-wide increases in standardized test scores in reading and math increased by 3% after 2 years of involvement; decrease in student mobility by 12%; increased parent involvement in school; decrease in reported need for child care, food clothing, and emergency funds; better family access to health and dental care; decreases in use of emergency room care for illness or injury; improved mental health. Employment increases ranged from 3% to 7% for high school age and older. Data collected in 1997 showed academic results from students most in need had increased appreciably. Test scores for schools in the lowest quartile improved substantially with reading scores for the lowest performing elementary schools increasing by 25% and math scores by 50%. Individual students in the lowest quartile showed similar improvement. Middle and High school students who were most in need improved their GPA's by almost 50% from .8 to 1.2. A dramatic reduction in suspensions among students with prior discipline problemsalso is reported. Students' health issues, especially preventive care, are being addressed where they had been ignored before. Parent's ability to rear their children improved by a 17% increase. Parental substance abuse decreased 12%. Students receiving Healthy Start services also are reported as decreasing their drug use, improving their self-esteem and increasing their perception of support from parents, classmates, teachers, and friends. Family violence is reported as decreasing; cases of domestic violence decreased by more than 50%. Parents are found to have greater awareness of the different stages of a child's developments and the different needs that correspond to these stages.

For more information, see:
Healthy Start Works. A Statewide Profile of Healthy Start Sites. California Department of Education, Healthy Start and After School Partnerships Office, March 1999. Contact (916) 657-3558.

Healthy Start Works. Newsmagazine, Spring 1999. Healthy Start Field Office, UCD-Educ. / CRESS Center, Davis, CA 95616-8729. ID# 879Y. (530) 754-6343 or (530) 752-1277.

California's Healthy Start: Strong Families, Strong Communities for Student Success. By Rachel D. Lodge. Produced by the Healthy Start Field Office, University of California, Davis, under contract with the California Department of Education. 1998. To request copy call (530) 754-6343.

For program information, contact:
Lisa Villarreal, Healthy Start, EDUC-CRESS Center, UC Davis, Davis CA 95616, (530) 752-1277 / (530) 752-3754 (fax), lrvillarreal@ucdavis.edu.

c. *School-Based Health Centers(SBHCs)*
The movement to establish SBHCs reports over 1100 sites (most of which are school-based). Below are a few indicators of their impact.

c-1 *Oregon School Based Health Centers:* These centers offer students access to general medical services, reproductive health services, mental and emotional health services, and health promotion. Of 3,667 students, almost 50% used a SBHC at least once. Ninety-percent of those who had used it reported trusting the clinic staff and agreed that the SBHC made access to health care easier. Twelve-percent had no other place to go for health care. Compared to those who used outside health care providers, users of SBHCs had higher percentages of risk indicators, although only differences in emotional health indicators reached significance. Three times as many sexually-active students sought care from outside providers as from SBHCs. One of the three program schools -- the one with the most community support and most comprehensive program -- showed that students decreased in substance abuse, improved reproductive health attitudes and reduced sexual activity more between baseline and follow-up measures than did those in the control school. In schools with SBHCs, more students had received complete immunization; care for emotional, personal or substance abuse problems; care for sexually transmitted diseases; and reproductive health services.

For more information, see:
Stout, J.W., White, L.C., Alexander, T. *Oregon School-Based Health Centers: A Follow-up Report.* Portland, Oregon: Oregon Health Division, Department of Human Resources, 1996.

For program information, contact:
School Based Health Centers, Technical Assistance Office, Oregon Health Division, 800 NE Oregon St., #21, Suite 825, Portland, OR 97232. (503) 731-4021 / fax: (503) 731-4083.

For evaluation information, contact:
Tammy Alexander, Adolescent Health Coordinator, Oregon Department of Human Resources, Oregon Health Division, 800 NE Oregon St., #21, Suite 825, Portland, OR 97232. (503) 731-4021 / fax: (503) 731-4083.

c-2 *Multnomah County, Oregon, School Based Health Centers (SBHC):* These centers provide treatment for minor illnesses and injuries, routine physical exams, immunizations, health promotion programs, crisis and mental health counseling, and reproductive health services. Compared to non-users, students who used a SBHC had more financial need for services and reported more health problems and risk behaviors. Nearly 80% of sexually active students who reported seeking reproductive health services used a SBHC.

For more information, see:
Daniels, J.A. *1994-95 School Based Health Centers: Annual Report.* Portland, Oregon: Multnomah County Health Department, 1996.

For program information, contact:
Jill A. Daniels, CHN, School Based Health Centers Program, Multnomah County Health Department, 426 SW Stark, 160/9, Portland, OR 97204. (503) 248-3674 / fax: (503) 306-5847.

For evaluation information, contact:
Dr. Barbara Glick, Principal Investigator, Program Design and Evaluation Services, Multnomah County Health Department, School Based Health Centers, 426 SW Stark, Eight floor, Portland, OR 97204. (503) 248-3663, ext. 28271.

c-3 *San Fernando High School*: At San Fernando High School (California), school-based clinic users were half (9%) as likely to drop out of school as nonusers (18%). Students who enrolled in the school clinic were twice as likely to stay in school (44% versus 29%) and more likely to be promoted to the next grade (31% versus 20%) than non-registered students. The more visits the students made to the clinic, the higher the rates. Students who were graduated or promoted averaged eight clinic visits compared with three visits made by students who were retained.

For more information, see:
Bureau of Primary Health Care: *School-Based Clinics that Work.* Washington, DC: Division of Special Populations, Health Resources and Services Administration, HRSA 93-248P, 1993.

c-4 *Three California SBHCs. A cost-benefit analysis*: A cost-benefit analysis of three California school-based clinics compared the costs of maintaining school services with estimated costs in the absence of the school clinic. Variables used included reduced emergency department use, pregnancies avoided, early pregnancy detection and treatment of chlamydia (a prevalent sexually transmitted disease). The ratios of savings to costs ranged from $1.38 to $2.00 in savings per $1.00 costs, suggesting that the school clinic services were a good investment for the health system.

For more information, see:
Brindis, C., Starbuck-Morales, S., Wolf, A.L., McCarter, V. *Annual Report to the Carnegie Corporation of New York and the Stuart Foundations July 1, 1991-June 3, 1992.* San Francisco: Institute for Health Policy Studies, University of California, 1993.

Dryfoos, J.G., Brindis, C., & Kaplan, D.W. Research and Evaluation in School-Based Health Care. *Adolescent Medicine: State of the Art Reviews.* Vol. 7, No. 2, June 1996. Philadelphia: Hanley & Belfus.

c-5 *School-Based Health Programs in Florida:* Only 10% of elementary students and 18% of high school students were reported as unable to return to class after being seen -- much lower rates than in routine school nursing practices. The presence of a clinic where students can obtain prescriptions for contraceptives at Glades Central High School in Park Beach, Florida, dramatically influenced a drop in teen pregnancy by 73%. At the school, a family practice physician is available three days a week. The Full Service School Coordinator of Northeast High School reported the school won an attendance award for the greatest percentage improvement following the addition of health services to the school site.

For more information, see:
Emihovich, C., Herrington, C.D. *Florida's Supplemental School Health Services Projects: An Evaluation.* Tallahassee: Florida State University, 1993.

Dryfoos, J.G., Brindis, C., & Kaplan, D.W. Research and Evaluation in School-Based Health Care. *Adolescent Medicine: State of the Art Reviews.* Vol. 7, No. 2, June 1996. Philadelphia: Hanley & Belfus, Inc.

Institute for At-Risk Infants, Children and youth, and their Families: *The effect of putting health services on site, Example 1. A Full Services School Assembly*, Tallahassee, Florida Department of Education, Office of Interagency Affairs, 1994.

c-6 *Teen Health Centers in Michigan:* A survey of 500 teens who attended a *Teen Health Center* indicated that 21% of respondents indicated they would not have received health care if the Center did not exist. The main reasons given were lack of transportation and no family physician. Thirty-eight percent reported learning of new health problems during the visit, including cancer symptoms, penicillin allergy, ear trouble, and high cholesterol. Sixty-five percent indicated their behavior had changed as a result of the contacts.

For more information, see:
Dryfoos, J.G., Brindis, C., & Kaplan, D.W. 1996. Research and Evaluation in School-Based Health Care. Adolescent Medicine: State of the Art Reviews, Vol. 7, No.2, June 1996.

c-7 *Lincoln High School in Denver:* This school offers students who commit a drug offense, a treatment contract for seven sessions at the school-based clinic rather than suspension. This component has resulted in an 80% reduction in suspensions.

For more information, see:
Bureau of Primary Health Care: *School-Based Clinics that Work.* Washington, DC: Division of Special Populations, Health Resources and Services Administration, HRSA 93-248P, 1993.

Dryfoos, J.G., Brindis, C., & Kaplan, D.W. 1996. Research and Evaluation in School-Based Health Care. *Adolescent Medicine: State of the Art Reviews,* Vol. 7, No.2, June 1996.

d. *The Primary Mental Health Project (PMHP):* This project seeks to deter later adjustment difficulties by early recognition and referral. The focus is on strengthening adaptive abilities and encouraging youngtsers to seek and utilize successful strategies for dealing with life's stressors. PMHP most often serves children with multiple, long-standing problems. Evaluations report a reduction in acting-out, shyness, anxiety, and learning problems and promotion in competencies including adaptive assertiveness, peer sociability, and frustration tolerance. Acting out behavior was the least affected by the program. A longitudinal study found that a PMHP group maintained the gains established during the initial intervention period. There were no significant differences by gender or in academic achievement scores.

For more information, see:
An Evaluation of the Early Mental Health Initiative's Primary Intervention Program and enhanced Primary Intervention Program for the 1994-95 Academic Year. Submitted to the State of California Department of Mental Health, Rochester, NY: Primary Mental Health Project, Inc., November 1995.

Chandler, C.L., Weissberg, R.P., Cowen, E.L., Guare, J. 1984. Long-term effects of a school-based secondary prevention program for young maladapting children. *Journal of Counseling and Clinical Psychology*, 52(2):165-170.

Cowen, E.L. The Primary Mental Health Project. *Clinician's Research Digest*: Supplemental Bulletin. December, 1991.

For program information, contact:
Deborah Johnson, Director of Community Services, Primary Mental Health Project. 685 South Ave. Rochester, NY 14620-1345, (716) 262-2920 / fax: (716) 262-4761

For evaluation information, contact:
A. Dirk Hightower, Ph.D., Director, Primary Mental Health Project. University of Rochester Center for Community Study. 575 Mt. Hope Ave. Rochester, NY 14620, (716) 273-5957 / fax: (716) 232-6350

e. *Project for Attention-Related Disorders (PARD):* This is a school-based system that coordinates the medical, psychosocial, behavioral, and educational programs for children with ADHD and their families. Eighteen percent of children are reported as improving greatly, 45% moderately, 11% slightly; 16% were unchanged, and 10% were worse than before enrollment. Evaluation was compromised by incomplete or missing data, high attrition rates, and lack of parental follow-up with a physician.

For more information, see:
Williams, R.A., Horn, S., Daley, S.P., Nader, P.R. Evaluation of access to care and medical and behavioral outcomes in a school-based intervention program for attention-deficit hyperactivity disorder.

For program information, contact:
Susie Horn, RN, San Diego Unified School District, San Diego City Schools, Health Services Dept., 2716 Marcy Ave., San Diego, CA 92113-2395, (619) 525-7370

For evaluation information, contact:
Laura Aird, Community Health Services, American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927. (708) 228-5005 / fax: (708) 228-5097.

f. *Social Skills Training:* The movement for social skills training is widespread. Below are a few that have been studied.

f-1 Focused on Externalizing Behaviors

- Researchers evaluated the effects of a social skills cognitive training program on locus of control for middle school students with behavior problems. Sixth and seventh grade students were randomly selected from three middle schools based on the following criteria: receipt of one or more disciplinary referrals which reflected problems with school authority figures or peers and two or more conduct reports from teachers. They were then randomly assigned to a social skills training program or to a control group within each school. Significant differences were found between the pre- and post-test scores on the measure of locus of control (functioning) and on teacher's ratings of self-control (symptoms). Those participating in the treatment experienced a significant shift in locus of control and were better able to restrict their behaviors than the control group.

For more information, see:
Dupper & Krishef (1993). School-based social-cognitive skills training for middle school students with school behavior problems. *Children and Youth Services Review*, 15, 131-142.

- School-based social skills training incorporating cognitive-behavioral strategies was evaluated with African American aggressive, rejected, and nonaggressive rejected children Children were randomly assigned to the social skills intervention or a control group. Posttreatment and 1-year follow-up indicated the social relations intervention was effective with the aggressive and rejected children (but not with nonaggressive children) in promoting nonimpulsive problem solving (functioning).

  For more information, see:
  Lochman, J.E., Coie, J., Underwood, M., & Terry, R. (1993). Effectiveness of a social relations intervention program for aggressive and nonaggressive, rejected children. *Journal of Consulting and Clinical Psychology, 61*, 1053-1058.

- *Anger Coping Program:* This is described as involving 18 sessions that teach affect identification, self-control, and problem-solving skills. Children role-play and practice skills in a small group setting and under conditions of affective arousal. Goal setting and reinforcement are incorporated to support skill acquisition. Data indicate the program lowers boys observed disruptive and aggressive behavior in the classroom, and in some cases, improves parent ratings of aggressive behavior.

  For more information, see:
  Lochman, J.E., Burch, P.R., Curry, J.F. & Lampron, L.B. (1984). Treatment and generalization effects of cognitive behavioral and goal-setting interventions with aggressive boys. *Journal of Consulting and Clinical Psychology, 52,* 915-916.

- *Brainpower Program:* In one study, aggressive 10 to 12 year old boys were paired with non-aggressive peers and exposed to a 12-lesson school-based intervention focusing on improving the accuracy of children's perceptions and interpretations of others' actions. Compared to a randomized control group, teacher ratings indicated that the Brainpower program was successful in reducing aggressive behavior immediately following the intervention.

  For more information, see:
  Hudley, C. & Graham, S. (1993). An attributional intervention to reduce peer-directed aggression among African-American boys. *Child Development*, 64, 124-138.

  Hudley, C., & Graham, S. (1995). School-based interventions for aggressive African-American boys. *Applied & Preventive Psychology*, 4, 185-195.

- *Peer Coping Skills Training Program:* Targeted 94 first to third grade students with high teacher-rated aggression ratings. Students were randomly assigned to either a treatment group or control. In the treatment condition, integrated teams of children were taught prosocial-coping skills in 22 weekly 50-minute sessions. Teams progressed through different skills and levels of difficulty; new skills were not introduced until the team had demonstrated mastery of the previous skills. This format was used to encourage and reinforce peer support. Outcomes at post-test and 6 months following the intervention supported its positive effects. Children in the PCS program were rated by teachers as significantly less aggressive than controls at post-test ($p<.02$) and follow-up ($p<.01$). Significant improvements were also noted in the intervention children's prosocial coping and teacher-rated social skills.

  For more information, see:
  Prinz, R.J., Blechman, E.A., & Dumas, J.E. (1994). An evaluation of peer coping-skills training for childhood aggression. *Journal of Clinical Child Psychology, 23,* 193-203.

- *Social Relations Program* -- This is described as consisting of 26 social skills training sessions on improving the skills needed for entrance into peer groups and positive peer play. In one study, children were also trained in social problem solving and anger management. The majority of sessions were held individually but 8 were conducted in small groups and provided children with some time to practice the skills being taught. The program was evaluated on a sample ($n=52$) of 9 to 11-year-old, African-American children. Results indicated that compared to matched controls, the aggressive-rejected children were rated as significantly less aggressive by teachers and more socially accepted by peers at post-test. The effects of the intervention were maintained at one-year follow-up. Students in the aggressive-rejected intervention group were rated by teachers as significantly less aggressive ($p<.03$) and more prosocial ($p<.03$) compared to aggressive-rejected students in the control group.

  For more information see:
  Coie, J.D., Lochman, J.E., Terry, R., & Hyman, C. (1992). Predicting early adolescent disorder from childhood aggression and peer rejection. *Journal of Consulting and Clinical Psychology, 60*, 783-792.

f-2 Focused on Internalizing Behaviors

- Disliked first-, second-, and third-grade boys who showed high levels of negative social behavior during pretreatment observations were randomly assigned to one of four conditions: instructions and coaching in positive behaviors; prohibitions and response cost for negative behaviors; a combination of instructions and prohibitions; and no treatment. Interventions were implemented during 10 half-hour, supervised, small group play sessions; treatment effects were assessed using behavioral observations, and peer and teacher ratings. A comparison was made between the effects of positive instructions and negative inhibitions in a social skills training program for boys with negative social behavior and were rejected by their peers. Results showed that the boys who received the combined program showed immediate post treatment decreases in negative initiations, later decreases in negative peer responses, and stable positive peer interactions (symptom reductions and functional improvements).

  For more information, see:
  Bierman, Miller & Stabb (1987). Improving the social behavior and peer acceptance of rejected boys: Effects of social skill training with instructions and prohibitions. *Journal of Consulting and Clinical Psychology*, 55, 194-200.

- Investigation of an interactive videodisc social skills training program on peer acceptance was performed. Children in six elementary school resource rooms were randomly assigned to participate in the treatment or to continue their resource room program. Experimental group students scored significantly higher on a post-training measure of peer acceptance than did control group students (functioning).

  For more information, see:
  Thorkildssen (1985). Using an interactive videodisc program to teach social skills to handicapped children. *American Annals of the Deaf*, 130, 383-385.

- A study evaluated the effectiveness of a stress management program on children's locus of control orientation, self-concept and acquisition of appropriate coping strategies (functional outcomes). Sixty-five students from an inner-city school were randomly assigned to the stress management program or control group. The children in the stress management program demonstrated a more internal locus of control and a higher self concept on school-related tasks and behavior problems.

  For more information, see:
  Henderson, Kelbey, & Engebretson (1992). Effects of a stress-control program on children's locus of control, self-concept, and coping behavior. *School Counselor*, 40, 125-131.

- A social learning approach was used to teach the acquisition of behavioral skills to resist the pressures to misuse alcohol (symptom and functioning). 5,635 students from 213 classrooms were assigned randomly by school building to one of three experimental conditions: social skills training, social skills training plus follow-up training, and no training control. Treatment groups showed significantly greater awareness of curriculum content than did the control group at 8-week follow-up. Alcohol use and misuse were not significantly different between treatment and control groups due to low prevalence in both groups.

  For more information, see:
  Dielman, Shope, Butchart, and Campanelli (1986). Preventions of adolescent alcohol misuse: An elementary school program. *Journal of Pediatric Psychology*, 11, 259-282.

- *Penn Prevention Program* -- This is described as altering the cognitive distortions and improving coping skills in at-risk youth. Results from a quasi-experimental evaluation study suggested that the program resulted in clinically significant reductions in depressive symptoms immediately post-treatment and at a 6-month follow-up.

  For more information, see:
  Gillham, J.E., Reivich, K.J, Jaycox, L.H, & Seligman, M.E.P. (1995). Prevention of depressive symptoms in schoolchildren: Two-year follow-up. *Psychological Science*, 6, 343-351.

g. *ALL STARS* : This is a character-based approach to preventing high-risk behaviors in teens based on over twenty years of research. It addresses four topics related to developing positive character: Developing positive ideals that don't fit with high-risk behavior; Creating a belief in conventional norms; Building strong personal commitment; Bonding with school, prosocial institutions, and family. In schools in Louisville and Lexington, Kentucky, it is being evaluated through funding from the National Institute on Drug Abuse to determine effectiveness in preventing alcohol, tobacco, marijuana and inhalant use, on suppressing violence and delinquency, and on postponing sexual activity among teen. Effects on student drug use and violence measured in May, 1997, immediately after the delivery of the program indicate that, while the prevalence and frequency of drug use increases as young people grow older, two versions of the program reduced drug use as compared to controls. Also reports short tem suppression of onset of sexual activity.

For program information, contact:
Tanglewood Research, Inc., PO Box 1772, Clemmons, NC 27012, Ph: 800/826-4539
(910) 778-0900_http://www.tanglewood.net/products/allstars
Donna Durden, Christian County Public Schools, Hopkinsville, KY Ph: 270/887-1311

For evaluation information, contact:
Dr. Nancy Harrington, Center Prevention Research, University of Kentucky, 1a 1151
Red Mile Rd Lexington Ky 40504 Ph: 606/257-5588 Fax: 606/257-5592
ngrant@pop.uky.edu

2. School-Linked Projects & Services

2-a *Health and Human Services and Therapies*

a-1 *New Jersey's School-Based Youth Services Program (SBYSP)*: This initiative created partnerships between schools and community agencies to provide students with services and support. It reaches 15,000 youth annually at 48 sites located primarily at high schools. Every site provides crisis intervention, health and employment services, and recreational activities. Five core areas are addressed in the activities and services: recreation, health, mental health, employment counseling and preparation, and substance abuse treatment and prevention. Users, as contrasted with nonusers, are reported as showing greater improvement from baseline to follow-up in average daily attendance, grade point average, being sent to the office for discipline, multiple suspensions, and use of tobacco and alcohol. Also the greater a student's use of the program, the greater the improvement (or the smaller the decline) in several outcome areas. Program users showed improvement (or smaller declines) in hitting others with the intention of hurting, becoming sexually active, drinking beer and wine, feeling positive emotions, feeling too tired to do things, and expressing positive self-efficacy. A two-year period at one site, the *Plainfield Teen Parenting Program*, showed 84% of the program's mothers graduated from high school compared to 41% of non-program mothers. The study also found 11% of participants had another child after entering the program compared with 33% of the nonparticipant mothers.

For more information, see:
Warren, C. (1999). *Lessons from the Evaluation of New Jersey's School-Based Youth Services Program*. Prepared for the National Invitational Conference on Improving Results for Children and Families by Connecting Collaborative Services with School Reform Efforts.

Learning Together: *A Look at 20 School-Community Initiatives*. September 1998. Mott Foundation, 1200 Mott Foundation Building, Flint, MI 48502-1851. http://www.mott.org.

For more information, contact:
Roberta Knowlton, New Jersey School-Based Youth Services program - Capital Place One, 222 S. Warren St. P.O. Box 700, Trenton, NJ 08625.

a-2 *High/Scope Perry Preschool Project:* This project serves as a community center as well as a school for children between the ages of 2-5 years who live in poverty and are at high risk of school failure. It has been expanded to elementary schools. Findings indicate that 35% of the control group had been arrested five or more times by age 27 and 25% at least once for drug dealing -- compared with 7 percent of those in the program in both categories. Out of wedlock births were high in both groups but far fewer in the program group, 57% vs. 83%, respectively. Seventy-one percent of the program group completed 12 or more years of school compared with 54% of the controls. Significantly more females in the program completed high school compared to control females (84% vs. 35%). Twenty-nine percent of the program group, compared with 7% of controls, earned at least $2,000 a month. Eighty-percent of the controls received welfare as an adult, compared with 59% of the program group.

For more information, see:
Henderson, A.T., Berla, N. A New Generation of Evidence: The Family is Critical to Student Achievement. National Committee for Citizens in Education, 1994.

Schweinhart, L.J., Barnes, H.V., Weikart, D.P. *Significant benefits: The High/Scope Perry Preschool Study Through Age 27*. Monographs of the High/Scope Educational Research Foundation, Number Ten. Ypsilanti: High/Scope Foundation, 1993.

For program information, contact:
Dr. David P. Weikart, President, High/Scope Educational Research Foundation, 600 N. River Street, Ypsilanti, MI 48198-2898. (313) 485-200 / fax: (313) 485-0704.

For evaluation information, contact:
Lawrence J. Schweinhart, PhD, Chair, Research Division, High/Scope Educational Research Foundation, 600 N. River Street, Ypsilanti, MI 48198-2898. (313) 485-2000 / fax: (313) 485-0704.

a-3 *Ventura County (CA) Comprehensive Services*: In Ventura County, a reduction in out-of-home placements increased the percentage of children living with their families from 13% at referral to 32% after approximately one year of services. A reduction in utilization of inpatient services reduced rate of state hospitalization of youth by 58% from baseline period 1978-1980 (average census of 14) to 1992 (average census of 5.9). A reduction of length of stay in inpatient settings decreased average stay in hospital from 14.3 months in 1986 to 6.3 months in 1991 (56% decline). Due to a reduction in utilization of residential treatment center services, group home placement rate for wards per 10,000 was lowered significantly and consistently (6.0) as compared to the state as a whole (18.9). The Ventura County system of care also improved school attendance with significant gains in school attendance of youth treated at Phoenix School with students present approximately 90% of possible school days. Significant gains in school performance for youth treated at Phoenix School were found with students gaining an average of 1.6 academic years after one year in the program (242% increase in rate of academic progress over previous year).

For more information, see:
Beth A. Stroul (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road, N.W., Washington, DC 20007, (202)687-8635.

a-4 *Vermont's New Directions Program:* This program reduced out-of-home placements and increased the percentage of children living with their families from 13% at referral to 32% after approximately one year of services. It decreased out-of-state placements from 39 in 4/91 to 18 in 9/92 (54%). The program also reduced utilization of residential treatment center services. Improved school placement status showed an increase in fully mainstreamed children by 10% and mainstreamed with support by 7%. Also reported was a decrease of children in separate school settings by 16% from intake to 3/93 update.

For more information, see:
Beth A. Stroul (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Toad, N.W., Washington, DC 20007, (202)687-8635.

a-5 *Local Interagency Services Projects in Virginia:* These projects report improved functioning of youngsters from admission to discharge based upon average increases in global functioning scores (GAF). In four separate reporting periods (1990-1991), average GAF scores increased by 3.6, 3.0, 5.4, and 7.6 points from admission to discharge. About 87% of the students were diagnosed with disruptive disorder. 41% qualify for special education. Reports indicate increased percent of children attending school from time of admission to discharge and reduced suspensions, expulsions and dropping out.

For more information, see:
Beth A. Stroul, M.Ed., September 1993. *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center (202)687-8635. Georgetown University Child Development Center 3800 Reservoir Road, N.W., Washington, DC 20007

a-6 *Barry-Gratigny School-Linked Services Program*: A field unit of social workers collaborated with the school's full-services personnel to develop an intensive home-based family outreach and treatment unit. They worked with new immigrants and students whose families could not be reached by the school. Qualitative results report the value of these personnel as mediators between home and school and the effect of culture and immigration on attachment to school. Results showed a significant increase in attendance and language arts grades.

For more information, see:
Bronstein, L.R. & Kelly T.B. 1998. A Multidimensional Approach to Evaluating School-Linked Services: A School of Social Work and County Public School Partnership. in *Social Work in Education*, Vol. 20, No. 3. July 1998.

For program information, contact:
Laura Bronstein, and Timothy Kelly, School of Social Work, Barry University,Shores 11300 NE 2nd Ave, Miami, FL 3161. E-mail: bronstein@bu4090.barry.edu.

a-7 *The Decker Family Development Center (DFDC):* This center is designed to provide holistic "one-stop" medical, educational, and social support services to low-income residents. The goals are to help parents become more involved in helping their children reach developmental potential and ensure they stay in school. Services provided include child care, health care, and employment services. Reports that 28% of participants have left because of success, and of the remaining 72%,

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"one-stop" medical, educational, and social support services to low-income residents. The goals are to help parents become more involved in helping their children reach developmental potential and ensure they stay in school. Services provided include child care, health care, and employment services. Reports that 28% of participants have left because of success, and of the remaining 72%, 37% are improving in at least one domain of functionality.

For more information, see:
Ahern, M.F., Baker, T., DeGeorge, V., et al. *Decker Family Development Center: FY Program Evaluation.* Barberton,Ohio. Decker Family Development Center, 1995.

For program information, contact:
Mary Frances Ahern, Director, Decker Family Development Center, 633 Brady Ave., Barberton, OH 44203. (330)848-4264 / fax: (330)848-0884.

For evaluation information, contact:
Brian Pendleton, Ph.D. Department of Sociology, University of Akron, Akron, OH 44325-0604.

a-8 *The Family Mosaic Program*: An evaluation of this program reports hospital admissions decreased by 46% from the year prior to the year following enrollment for children with histories of hospitalization. Parent participation also increased -- over 90% of parents and/or family member-guardians attended a comprehensive planning meeting for their children. Nearly half of the adolescents in these programs have multiple diagnoses, the majority of students are behind educationally (ranging from 60-82%) and are performing below the appropriate grade level. Also reported is an increased percent of children with fair, good, or excellent attendance records from 60.3% to 73.4% and decreased percent with poor attendance records or not attending from 39.7% to 26.6%. An increased percent of children were judged to have fair, good, or excellent school performance from 50.9% to 70.3% and decreased percent judged to have poor performance or not attending from 49.1% to 29.7%.

For more information, see:
Beth A. Stroul (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road, N.W., Washington, CD 20007, (202)687-8635

a-9 *The Parents and Adolescents Can Talk (PACT):* This is a community-based, sexuality and communication education program for fifth- through 12th-grade students and their parents. It strives to encourage postponement of premature sexual activity by "building resiliency" using a value-oriented curriculum for youth and their parents. The evaluation reports significant increases in knowledge of sexuality and reproductive health for pre-adolescents, adolescents and parents at the post-tests, but much of the gain disappeared by the four-month follow-up measure. Increases in self-esteem measures held up for both groups of youth. Among pre-adolescents, higher knowledge and more talking with parents correlated with lower rates of sexual activity. Among adolescents there was a positive correlation between higher self-esteem and a lower incidence of intimate sexual behaviors. Parents in both groups significantly increased the amount of time they talked to their adolescent children about sexuality at the post-test.

For more information, see:
Kohl, J.B., Cate, R.M., Picton, J. Parents and Adolescents Can Talk. Project final report. Bozeman, Mont.: Montana State University, 1989.

For program information, contact:
Joye B. Kohl, Ed.D., Project Director, Parents and Adolescents Can Talk, 5727 Blackwood Rd., Bozeman, MT 59715. (406) 586-4743.

For evaluation information, contact:
Rodney M. Cate, PhD, Child and Family Studies, University of Arizona, 1600 E. University Blvd., Tucson, AZ 85721.

a-10 *Positive Adolescent Choices Training (PACT):* This is a school-based, violence-prevention program for high-risk African-American students (between the ages of 12 and 16), and is rooted in social learning and anger control theories. Participants (compared to controls) are reported as showing a 50% reduction in physical aggression at school, behavior improvement during the course of the training which was maintained beyond participation, and over 50% less overall violence -- related juvenile court charges and a lower per-person rate of offending.

Yung, B.R., Hammond, W.R. Breaking the cycle: a culturally sensitive violence prevention program for African American children and adolescents. In Lutzkes, J. (Ed.) *Handbook of Child Abuse Research and Treatment*. New York: Plenum Publishing, (1996).

Hammond, W.R., Yung, B.R. Psychology's role in the public health response to assaultive violence among young African-American men. *American Psychologist*. 1993;48(2):142-154.

Upshaw, W., Giles-Reynolds, V., Kawahara, N., et al. *School Safety: Promising Initiatives for Addressing School Violence*. Report to the ranking minority member, Subcommittee on Children and Families, Committee on Labor and Human Resources, U.S. Senate.

For program and evaluation information, contact:
Betty R.Yung, PhD, PACT Project Director, Wright State University, 9 N. Edwin C. Moses Blvd., Dayton, OH 45407. (513) 873-4300 / fax: (513) 873-4323. *For materials, contact:* Research Press, Dept. 204, P.O. Box 9177, Champaign, IL 61826. (217) 352-3273 / fax: (217)352-1221.

a-11 Functional Family Therapy (FFT): This is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. It targets youth ages 11-18 who are at-risk for/or presenting delinquency, violence, substance abuse, conduct disorder, oppositional defiant disorder, or disruptive behavior disorder. A wide range of interventionist (e.g., mental health workers, social workers, probation officers) provide a flexible delivery of services in one or two person teams to clients and their families in the home, clinic, juvenile court, and at the time of re-entry from institutional placement. Its effectiveness is seen as deriving from emphasizing factors which enhance protective factors and reduce risk. This is a phasic program with steps which build upon each other, and requires as few as 8-12 house visits, and no more than 26 hours of direct service time for the most severe problem situations. Reports from clinical trials state that FFT is capable of effectively treating adolescents with conduct disorder, oppositional defiant disorder, disruptive behavior disorder, alcohol and other drug abuse disorders, and who are delinquent and/or violent; interrupting the matriculation of these adolescents into more restrictive, higher cost services; reducing the access and penetration of other social services by these adolescents; generating positive outcomes with the entire spectrum of intervention personnel; preventing further incidence of the presenting problem; preventing younger children in the family from penetrating the system of care; preventing adolescents from penetrating the adult criminal system; and effectively transferring treatment effects across treatment systems.

For more information, see:
Alexander, J., Barton, C., Gordon, D., Grotpeter, J., Hansson, K., Harrison, R., Mears, S., Mihalic, S., Parsons, B., Pugh, C., Schulman, S., Waldron, H., & Sexton, T. (1998). *Blueprints for Violence Prevention, Book Three: Functional Family Therapy*. Boulder, CO: Center for the Study and Prevention of Violence.

Contact: James F. Alexander, Ph.D, Department of Psychology, University of Utah, 390 S 1530 E, Room 502, Salt Lake City, UT 84112, (801) 581-6538. Or contact: Kathleen Shafer, Project Coordinator at (801) 585-1807.

a-12 Multidimensional Treatment Foster Care: This is an alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. MTFC parents learn behavior management, attend weekly group meetings, and have daily telephone check-in calls. Family therapy is provided for the youth's biological family, with the ultimate goal of returning the youth back to the home. Twelve-month follow-up indicates that, compared to controls, program youth spent 60% fewer days incarcerated, had significantly fewer arrests, ran away from their programs three times less often, had less hard drug use, and had quicker community placement.

For project information, contact:
Patricia Chamberlain, Ph.D., Clinic Director, Oregon Social Learning Center, 160 E Th Street, Eugene, OR 97401, (541) 485-2711, URL: www.oslc.org/tfc/tfcoslc.html.

a-13 Multisystemic Therapy: This is an intensive family and community based treatment that addresses multiple determinants of antisocial behavior in juvenile offenders. Its major goal is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. *Intervention* strategies include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies. Post-program outcomes indicate 25-70% reductions in long-term rates of arrest, reductions of 47-64% in out-of-home placements, family functioning improvement, and decreased mental health problems.

For project information, contact:
Scott W. Henggeler, Ph.D., Family Services Research Center
Department of Psychiatry & Behavioral Sciences, Medical University of South Carolina, 171 Ashley Avenue, Annex III, Charleston, SC 29425-0742, (843) 876-1800; Keller Strother, MST Inc., 268 West Coleman Blvd, Suite 2E, Mount Pleasant, SC 29464, (803) 856-8226 x11, E-mail: mst@sprintmail.com, URL: www.mstservices.org.

a-14 Project Taking Charge: This is a combined sexuality and vocational education program that promotes abstinence from sexual activity. There were significant differences in knowledge gain between students in the program and control classes. There were no significant changes in self-esteem and students' understanding of the complications to their educational and employment future caused by teenage pregnancy. There were also no differences between students receiving the curriculum and the controls in acceptability of adolescent sexual intercourse, behavioral intentions, improvements in communication between parents and their adolescent children. The six-month follow-up indicated that most of the knowledge gain was retained and those in the program tended to delay initiation of sexual activity more often than those in the control group, but the difference was not statistically significant.

For program information, contact:
Rosemary Bolig, Project Manager/Consultant, American Association of Family and Consumer Sciences, 1555 King Street, Alexandria, VA 22314. (800) 424-8080, (703) 706-4600 / fax: (703) 706-4663.

For evaluation information, contact:
S.R. Jorgensen, Dept. of Human Development and Family Studies, Texas Tech University, Lubbock, TX 79409.

a-15 Graduation, Reality and Dual-Role Skills Program: This is an in-school family and consumer sciences education program for pregnant and parenting adolescents, both male and female, in seventh to 12th grades. Its primary goal is to keep teens in school while they learn parenting skills and explore vocational goals. Ohio *GRADS* had a retention rate of 85% compared to retention rates of pregnant and parenting teens of 67% to 91% in other states. It was also shown that there was an increase in participants' knowledge of positive parenting practices and in participants' likelihood of delivering a healthy baby. In 1995, 79.6% of Ohio *GRADS* received prenatal care in the first trimester of pregnancy, compared to the national rate of 53.1% among pregnant teens. *GRADS* mothers gave birth to fewer low-birth weight babies than did other Ohio mothers 18 or younger who did not participate in the program (7.6% versus 10.3%). Finally, between 1994-95, only 11.9% of *GRADS* participants had a subsequent pregnancy compared to nearly 50% nationally two years postpartum.

For program information, contact:
S.G. Enright, Project Director, Family and Consumer Sciences, Ohio Dept. of Education, Division of Adult and Vocational Education, 65 South Front St., Columbus, OH 43215-4183. (614) 466-3046 /fax: (614) 644-5702.

For evaluation information, contact:
Richard Hill, William L. Hull, Principal Investigators, The Ohio State University Research Foundation, Department of Home Economics Education, 1960 Kenny Road, Columbus, OH 43210-1063. (614) 292-1993.

a-16 Projects Studying Cognitive-Behavioral Approaches in Schools:

Several studies employing cognitive-behavioral approaches (Cognitive-behavioral therapy, CBT) as a targeted intervention are highlighted here. The general focus was on the primary prevention of depression, substance use, and school adjustment among teens. The effectiveness of these techniques delivered in schools for depressed children has a cumulative base of support. However, there is an absence of studies applying CBT to other disorders, particularly anxiety disorders, in school settings. Four of the seven studies examined the efficacy of CBT for depression; the remaining 3 investigated its effects on substance use and school adjustment. Primary outcome domains targeted were symptom reduction and improvement in functioning.

- One study conducted primary prevention research of depression within the schools by systematically varying the components of CBT and the targeted population. They examined the efficacy of an educationally-based intervention for 9th and 10th grade adolescents, unselected for elevated risk of depressive disorder. Separate analyses were conducted for boys and girls. There were no effects for female students in knowledge acquisition (i.e., functioning). There were short term efforts for boys, but these effects did not persist through the 12-week follow-up.

  In a related study, evaluators minimized the educational content and substantially increased skill training. There was no significant effect for boys or girls on depression knowledge, treatment seeking, or attitudes about depression (i.e., improvement in functioning).

  For more information, see:
  Clarke, Hawkins, Murphy, & Sheeber 1993. School-based primary prevention of depressive symptomology in adolescents: Findings from two studies. *Journal of Adolescent Research*, 8, 183-204.

- In a prevention program, with a focus on reducing the prevalence of affective disorders 150 adolescents at risk for future depressive disorders were randomly assigned to either a 15-session cognitive group prevention intervention or a control condition. Results showed a significant 12-month advantage for the prevention program. Affective disorder had a total incidence rate of 14.5% for the active intervention and 25.7% for the control condition (i.e., symptom reduction).

  For more information, see:
  Clarke, Hawkins, Murphy, Sheebe, Lewinsohn & Seeley (1995). Targeted prevention of unipolar depressive disorders in an at-risk sample of high school adolescents: A randomized trial of a group cognitive intervention. *Journal of American Academy of Child and Adolescent Psychiatry*, 34, 312-321.

- In a study on the tertiary treatment of depression in the schools, 30 high school students were randomly assigned to one of three conditions: cognitive behavioral, relaxation training, and a wait list control. Analyses completed on 21 participants showed a substantial and statistically significant reduction in depressive symptomatology in both treatment groups, as assessed by self-report and clinical interview rating scales.

  For more information, see:
  Reynolds & Coats (1986). A comparison of cognitive-behavioral therapy and relaxation training for the treatment of depression in adolescents. *Journal of Consulting and Clinical Psychology*, 54, 653-660.

- A comparison of the efficacy of CBT and art therapy in modifying locus of control and adaptive classroom behavior of children with behavior problems showed that neither treatment was more effective than the control group in changing locus of control perceptions. Thirty-six students in grades 4, 5, and 6, with moderate to severe behavior problems, were randomly assigned to one of three conditions: cognitive behavioral therapy; art as therapy; and a control group. Significant effects (functional improvement) were found for both treatment conditions in terms of increasing adaptive behavior skills as measured by the Conners Teacher Rating Scale.

  For more information, see:
  Rosal (1993). Comparative group art therapy research to evaluate changes in locus of control in behavior disordered children. *The Arts in Psychotherapy*, 20, 231-241.

- An attendance program for adolescents at risk of dropping out of school was evaluated. Twenty high school students in special education were randomly assigned to a behavior modification program or a control group. Students in the behavior modification group earned points for attendance which could be redeemed for prizes at the end of the week. An evaluation of this attendance program for adolescents at risk of dropping out of school showed that students in the control group had significant linear decline in attendance (functional outcome) in comparison to the treatment students, who showed no significant decline over the course of the semester.

  For more information, see:
  Licht, Gard, & Guardino (1991). Modifying school attendance of special education high school students. *Journal of Educational Research*, 84, 368-373.

b-1 *Life Skills Training:* Results show this program reduces tobacco, alcohol, and marijuana use. It works with a diverse range of adolescents, produces results that are long-lasting, and is effective when taught by teachers, peer leaders, or health professionals. LST is a primary intervention that targets all middle/junior high school students (initial intervention in grades 6 or 7, depending on the school structure, with booster sessions in the two subsequent years). It is a 3 year intervention designed to prevent or reduce gateway drug use (i.e., tobacco, alcohol, and marijuana), primarily implemented in school classrooms by school teachers. The program is delivered in 15 sessions in year one, 10 sessions in year two, and 5 sessions in year three. Sessions, which last an average of 45 minutes, can be delivered once a week or as an intensive mini-course. It consists of three major components which teach students (1) general self-management skills, (2) social skills, and (3) information and skills specifically related to drug use. Skills are taught using training techniques such as instruction, demonstration, feedback, reinforce-ment, and practice. Using outcomes averaged across more than a dozen studies, findings indicate tobacco, alcohol, and marijuana use reduced by 50% - 75%. Six years following the intervention reports show a reduced polydrug use up to 66%, reduced pack-a-day smoking by 25%; and decreased use of inhalants, narcotics, and hallucinogens. Implementation costs approximately $7 per student per year (curriculum materials averaged over the three-year period). The cost of training is a minimum of $2,000 per day for 1 or 2 days.

For more information, contact:
Botvin, G.J., Mihalic, S.F., & Grotpeter, J.K. (1998). Blueprints for Violence Prevention, Book Five: Life Skills Training. Boulder, CO: Center for the Study and Prevention of Violence.

For more information, contact:
Gilbert Botvin, Ph.D., Professor and Director, Institute for Prevention Research, Cornell University Medical College, 411 E. 69th Street, KB-201, New York, NY 10021 For information about research coucted with LST: (212) 746-1270, For information about the program or ordering curriculum materials, contact publisher: 1-800-636-3415 or (609) 921-0540 or E-mail: sabrod@aol.com, URL: www.lifeskillstraining.com

b-2 *Child Development Project (CDP)*: This is a multi-year, comprehensive school-change program that aims at helping elementary school children feel more attached to the school community, internalize the community's norms and values, exhibit behavior consistent with norms and values, and reduce their involvement in drug-use and other problem behaviors. The program involves staff training, parent involvement activities, school-wide community building activities, and a school-wide, cross-grade buddy program. Results reported show: an 11% drop in alcohol use (compared to a 2% increase in comparison schools); a 2% drop in marijuana use (compared to a 2% increase in comparison schools); an 8% drop in cigarette use (compared to a 3% decline in comparison schools); Pro-social behaviors among students in grades K-4 increased; In the schools with the highest level of implementation, delinquency decreased.

For more information, see:
Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial. *Journal of Adolescent Research, 11*, 12-35.

Battistich, V., Solomon, D., Kim, D., Watson, M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and student' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal, 32*, 627-658.

For program information, contact:
Sylvia Kendzior, Developmental Studies Center, 200 Embarcadero, Suite 305, Oakland, CA 94606-5300, (510) 533-0213. To order materials, call (800) 666-7270.

b-3 *Project ALERT*: This is based on the theory that adolescents turn to drugs because of social norms, peer influence, media images and a desire to appear more mature. The curriculum, targeted for 7th graders, seeks to modify norms about drug use, give reasons not to use, and help them identify and resist pro-drug pressures. Participants were compared to students in comparable school settings receiving the standard drug information program offered at their school. Results reported indicate marijuana initiation rates were 30-60% lower. Those who had frequently experimented with marijuana reduced consumption of marijuana and cigarettes. Reports a reduction in level of drinking for all participants, but many gains lost when on entering high school, prompting a high school version.

For more information, see:
Ellickson, P. L. (1998). Preventing adolescent substance abuse: Lessons from the Project ALERT program. In J. Crane (Ed.), *Social Programs that Really Work. New York*: Russell Sage, pp. 201-224.

Ellickson, P. L., Bell, R. M.,& McGuigan, K. (1993).Preventing adolescent drug use: Long term results of a junior high program. *American Journal of Public Health, 83* (6): pp. 856-861.

For program information, contact:
Project ALERT, Best Foundation, 725 S. Figueroa Street, Los Angeles, CA 90017, (800) ALERT-10

b-4 *Adolescent Alcohol Prevention Trial (AAPT)*: Designed for 5th graders to prevent onset of alcohol misuse and marijuana and cigarette use. It used normative training and resistance skills training as part of the classroom curriculum. Schools were randomly assigned to receive (a) information about alcohol and drug use consequences, (b) resistance skills training alone, (c) normative education alone, (d) both resistance skills training and normative education. Results show the norm setting component reduced the onset of alcohol use, cigarette smoking, and marijuana use. No effects for resistance skills training.

For more information, see:
Dishion, T.J., Andrews, D.W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and one-year outcomes. *Journal of Consulting and Clinical Psychology, 63*, 538-548.

Dishion, T. J., Andrews, D.W., Kavanagh, K., & Soberman, L.H. (1996). Chapter 9, preventive interventions for high-risk youth: The adolescent transitions program. In Peteres, R., & McMahon, R. (Eds.), *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage Publications, 184-218.

For program information, contact:
T. Dishion, Oregon Social Learning Center, Inc., 207 East Fifth Ave., Eugene, OR 97401, (541) 485-2711.

b-5 *Project Northland*: This program focuses on primarily on alcohol use and abuse. There are 8 sessions per year with activities that emphasize resistance techniques and decision making. The 6th grade curriculum is integrated with family take-home assignments. The program is designed to set a norm that drinking is not cool. Reports indicate that participants reduced tobacco and alcohol use by 27%, reduced tobacco use alone by 37%, and reduced marijuana use by 50%. Results also indicate a significant impact on perceived norms among students who did not drink at baseline.

For more information, see:
Perry, C., Williams, C., Veblen-Mortenson, S., Toomey, T. L., Komro, K. A., Anstine, P. S., McGovern, P.G., Finnegan, J.R., Forster, J.L., Wagenaar, A.C., & Wolfson, M. Outcomes of a community-wide alcohol use prevention program during early adolescence: Project Northland. *American Journal of Public Health*, In press.

For program information, contact:
Project Northland, University of Minnesota, 1300 South Second Street, Suite 300, Minneapolis, MN 55454-1015, (612) 624-0057.

b-6 *Social Competence Promotion Program*: This is a 27 session program based on an interpersonal cognitive problem-solving model. It also contains 9 additional sessions on drug abuse prevention. The curriculum goes through skills training with more opportunities for practice as curriculum progresses. Participants showed a reduction in heavy alcohol use and an impact on intentions to use alcohol.

For more information, see:
Caplan, M., Weissberg, R.P., Grober, J.S., Sivo, P.J., Grady, K., Jacoby, C. (1992). Social Competence Promotion with inner-city and suburban young adolescents: Effects on social adjustment and alcohol use. Journal of Consulting and Clinical Psychology, 60, 56-63.

For program information, contact:
The Social Competence Promotion Program, Department of Psychology (M/C 285), The University of Illinois at Chicago, 1007 West Harrison Street, Chicago, IL 60607-7137, (312) 413-1012.

b-7 *Focus on Families*: A parenting program for methadone treatment patients that aims to reduce parental illegal drug use and improve parents' family-management skills, thereby decreasing their children's adoption of behaviors that put them at risk for poor health outcomes. The intervention includes parent training focusing on: family goal-setting, relapse prevention, family communication, family management, creating family expectations about alcohol/drugs, teaching children skills such as problem solving and resisting drug offers, and helping children succeed in school. Parent outcomes included higher scores than controls on all skill measures (e.g. problem solving, self-efficacy, social support), fewer deviant peers, a 65% reduction in heroin use, and a lower likelihood (6 times) of using cocaine. Child outcomes showed no significant differences from controls in drug use or delinquency.

For more information, see:
Catalano, R.F., Haggerty, K.P., Fleming, C.B., & Brewer, D.D. Focus on Families: Scientific findings from family prevention intervention research. *NIDA Research Monograph*, in press.

Program evaluation: www.whitehousedrugpolicy.gov/prevent/parenting/r_focus.html

For program information, contact:
Kevin Haggerty, M.S.W., Social Development Research Group, 146 North Canal, Suite 211, Seattle, Wa 98103: (206) 685-1997; (206) 543-4507 (fax).

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b-8 *Midwestern Prevention Project (MPP)*: This is a comprehensive, community-based, multifaceted program for adolescent drug abuse prevention. It involves an extended period of programming. It goes beyond the school setting into the family and community contexts. The project strives to help youth recognize the social pressures to use drugs and provides skill training in how to avoid drug use and drug use situations. These skills are initially learned in school and reinforced through parent, media, and community organization components. Reports indicate that participants, compared to control youth, reduce daily smoking up to 40 %; similar reduction is reported for marijuana use and smaller reductions in alcohol use maintained through grade 12; effects on daily smoking, heavy marijuana use, and some hard drug use have been shown through early adulthood (age 23). Also reported are increased parent-child communications about drug use, as well as development of prevention programs, activities, and services among community leaders.

For more information, see:
Pentz, M.A., Mihalic, S.F., & Grotpeter, J.K. (1998). *Blueprints for Violence Prevention, Book One: The Midwestern Prevention Project.* Boulder, CO: Center for the Study and Prevention of Violence.

For program information, contact:
Mary Ann Pentz, Ph.D., USC Norris Comprehensive Cancer Center, University of Southern California, Norris Comprehensive Cancer Center, 3414 Topping Tower, 1441 Eastlake Avenue, MS-44, Los Angeles, CA 90033-0800, (323) 865-0330

b-9 *Students Taught Awareness and Resistance (STAR)*: This is a 2 year program with 10-13 sessions in the first year and 5 in the second, focusing primarily on the development of resistance skills. It involves material on normative education, detailed instructions for role play, and includes discussions of problems teachers may encounter while implementing the curriculum. Reports indicate reduced tobacco, alcohol, and marijuana use by 30% after one year. It also had a significant impact on beliefs about drug use and norms at a one and one-half year follow-up.

For more information, see:
Johnson, C.A., Pentz, M.A., Weber, M.D., Dwyer, J.H., Baer, N., MacKinnon, D.P., Hansen, W.B., & Flay, B.R. (1990). Relative effectiveness of comprehensive community programming for drug abuse prevention with high risk and low-risk adolescents. *Journal of Consulting and Clinical Psychology, 58*, 447-456.

Penz, M.A., Dwyer, J.H., MacKinnon, D.P., Flay, B.R., Hansen, W.B., Wang, E.Y.I., & Johnson, A. (1989). A multicommunity trial for primary prevention of adolescent drug abuse. *Journal of the American Medical Association, 261*, 3259-3266.

For program information, contact:
STAR, Institute for Prevention Research, USC, 1540 Alcazar Street, CHP 207, Los Angeles, CA 90033, (213) 342-2600.

b-10 *Growing Healthy:* This is a curriculum for grades K-6 that promotes healthful behaviors. With 42-56 lessons per year, it strives to integrate drug information and resistance skills into health units. There is also material on conflict resolution and violence prevention and components on family, community involvement, and HIV/AIDS prevention. Reports indicate greater increases in health-related knowledge, healthier attitudes, greater increases in application of health skills, and healthier practices compared to comparison classrooms. Particpants reduced tobacco use 29% by the ninth grade.

For more information, see:
Connell, D.B., Turner, R.R., & Mason, E.F. (1985). Summary of findings of the school health education evaluation: Health promotion effectiveness, implementation, and costs. *Journal of School Health, 55*, 316-321.

Immarino, N., Heit, P., & Kaplan, R. (1980). School Health Curriculum Project: Long-term effects on student cigarette smoking and behavior. *Health Education, 11*, 29-31.

Smith, D.W., Redican, K.J., & Olsen, L.K. (1992). The longevity of growing healthy: An analysis of the eight original sites implementing the school health curriculum project. *Journal of School Health, 62*, 83-87.

For program information, contact:
National Center for Health Education, 72 Spring St., NY, NY 10012-4019, (800) 551-3488.

b-11 I'm Special: This is a program for 4th graders to reduce or delay the onset of students' drug use by enhancing students' sense of uniqueness and self-worth and improving group cooperation and decision making skills. Nine interactive sessions are held once per week in the classroom by trained teachers. Longitudinal reports indicate the proportion of current substance abusers and the incidents of their related problem behavior were significantly lower when compared to those who had not been exposed to the program. This was especially the case in grades 5-7. However, the impact significantly diminish after the 8th grade.

For more information, see:
Kim, S., McLeod, J.H., & Palmgren, C.L. (1989). The impact of the "I'm Special" program on student substance abuse and other related student problem behavior. *Journal of Drug Education, 19*, 83-95.

Kim, S., McLeod, J.H., & Shantzis, C. (1990). A short-term outcome evaluation of the "I'm Special" drug abuse prevention program: A revisit using SCAT Inventory. *Journal of Drug Education, 20*, 127-138.

For program information, contact:
The Drug Education Center, 117 East Morehead Street, Suite 200, Charlotte, NC 28204, (704) 375-3784.

b-12 Know Your Body: This is a 10-module curriculum taught 40 minutes a week throughout the year. It contains a skill-builder unit to promote self-esteem, goal setting, decision making, communication, assertiveness and stress management at the beginning of each grade level. It emphasizes resistance skills training within the context of personal and social skills training, while providing age-appropriate information on tobacco, alcohol, marijuana, and cocaine. Evaluations indicate that participating students reduced tobacco use by 73% in the 9th grade.

For more information, see:
Walter, H. J., Vaughan, R. D., & Wynder, E. L. (1989). Primary prevention of cancer among children: Changes in cigarette smoking and diet after six years of intervention. Journal of the National Cancer Institute, 81, pp. 995-998.

For program information, contact:
The American Health Foundation, 675 3rd Ave, 11th Floor, New York, NY 10017, (212) 551-2509.

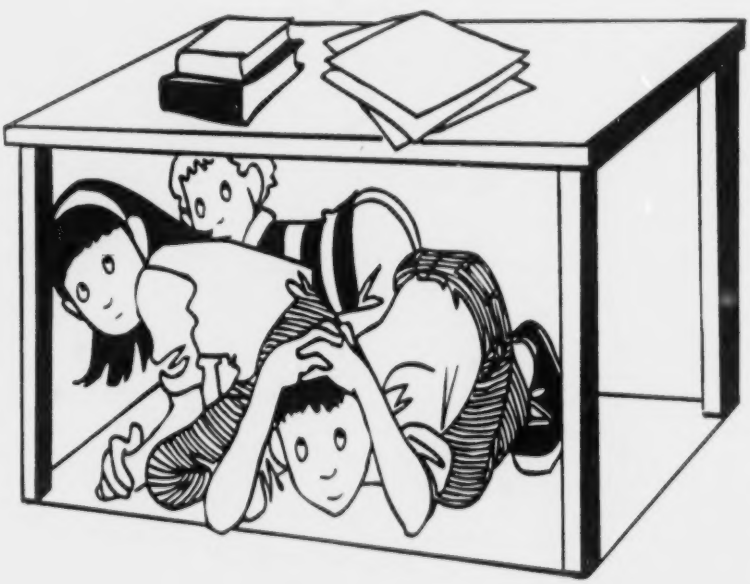
b-13 Michigan Model for Comprehensive School Health Education. This is implemented in over 90% of Michigan's public schools and more than 200 private and charter schools servicing grades K-12. The model is also in place in over 42 states, foreign countries, universities and medical schools. The program was established as a cooperative effort of seven state agencies to provide an efficient delivery mechanism for key disease prevention and health promotion messages. The current curriculum facilitates interdisciplinary learning through lessons that integrate health education into other curricula (e.g., language arts, science, math). Stated advantages of the program include: Cost savings on the purchase of support materials; training for teachers; responsiveness to the need for new curricula; efficient delivery of a wide range of curricula and support materials; mechanisms for parent support; and a nationally recognized, research based curriculum. Research reports indicate that the Michigan Model substance abuse lessons had a statistically significant positive impact in curtailing rates of alcohol, tobacco and marijuana use in middle school students. A 1996 national program analysis done by Drug Strategies, Inc. of Washington, D.C. and published under the title "Making the Grade", designated the Michigan Model as one of the top substance abuse prevention programs in the United States. The Michigan Model was the only comprehensive health program to receive this "A" designation. They also rated the Michigan Model as one of the best violence prevention programs in the United States.

For more information, see:
Bridging Student Health Risk and Academic Achievement through Comprehensive School Health Programs *Journal of School Health, August 1997, 67,* (6);

For program information and resources, contact:
The Educational Materials Center (EMC) at Central Michigan University, 139 Combined Services Building, Central Michigan University, Mt. Pleasant, MI 48859 Ph: 800/214-8961 email: emc@cmich.edu
web: http://www.emc.cmich.edu/

Appendix D: Crisis Response and Prevention

The following are brief summaries and related information on the crisis response and prevention programs listed in Table D.



1. Crisis Teams, Response and Aftermath

a. *School Crisis Intervention Team:* Such a team is widely used by schools. In addition to responding when a crisis occurs, the team can conduct drills that prepare for and legitimize crisis intervention. Crisis drills prepare students to follow directives during the stress of a crisis. For example, Cleveland Elementary School had a policy of conducting crisis drills on their playground. In 1989, a gunman opened fire on students and teachers on the playground, killing 5 students. Researchers report that the crisis drills conducted on that very playground prevented more deaths from occurring. The school also provided essential information in the immediate aftermath to everyone involved and was able to accommodate cultural and language barriers in their debriefing procedures.

For more information, see:
Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and trauma. *School Psychology Review, 23*, 175-189.

Poland, S. & Pitcher, G. (1990). Best practices in crisis intervention. In A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology* (Vol. 2, pp. 259-275). Washington, DC: National Association of School Psychologists.

b. *School-Based Health Centers and Violence Prevention*: Three community health centers -- in West Virginia, Maryland, and California -- developed projects to improve and increase violence prevention and mental health services through school-based health clinics. Each site developed its own package of mental health/violence prevention services to meet the need of its clients and community, and address local issues related to violence. All three sites reported fewer suicide attempts, fewer fights on campus, and improved attendance among previously truant students or those with discipline problems. Teachers and staff also reported general improvements in students' attitudes and behavior and greater use of conflict resolution tools by students. Teachers and students reported a greater sense of school safety.

For more information, see:
Healing Fractured Lives: How Three School-Based Projects Approach Violence Prevention and Mental Health Care. Bureau of Primary Health Care, U.S. Department of Health and Human Services.

c. *Project Rebound*: Project Rebound is a 10 week art therapy program designed to help children who have experienced a crisis express concerns, fears, anxieties, anger and helplessness in a safe and supportive environment. Student reports indicate that the counselors are supportive and allowed them to develop positive coping skills. Teachers found that students provided the therapeutic opportunity were better prepared to learn after a crisis than those who had not participated in the program. .

For project information, contact:
The Psychological Trauma Center, 8730 Alden Drive, Room C-106A, Los Angeles, CA 90048, (310) 855-3506.

d. Research Studies

Cokeville School Bombing Study: Following a school bombing in Cokeville, WY, the school administrator took steps to manage the crisis and provide leadership to the community. Students returned to school the next day, and attended meetings with other students and parents where they had an opportunity to discuss their feelings and concerns in an open, safe forum. Those students who participated most in the group sessions recovered most quickly.

For more information, see:

Sandall, N. (1986). Early Intervention in a disaster: The Cokeville hostage/bombing crisis. *Communique, 15, 1-2.*

Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and trauma. *School Psychology Review*, 23, 175-189.

Experimental Study with High School Seniors: Fifty-seven high school seniors were provided with graded crisis experiences to work through under circumstances that favored successful outcomes. Three types of coping strategies, including relaxation, cognitive restructuring, and problem solving, were provided to help them deal with the crisis experiences. Following participation in the 6-week program, participants, as opposed to those in a control group, evidenced significantly higher scores on tests measuring self-efficacy and rational beliefs. When presented with a scene depicting a potentially traumatic transition at the end of the program, participants (compared to controls) used significantly more cognitive restructuring strategies.

For more information, see:

Jason, L.A., & Burrows, B. (1983). Transition training for high school seniors. *Cognitive Therapy and Research*, 7, 79-91.

2. School Environment Changes and School Safety Strategies

a. *Westerly School District (RI)*: This school district went from having 100 Office of Civil Rights violations to becoming a model program for students who are receiving a continuum of support services for behavioral problems. Policies were restructured to emphasize both prevention and intervention. Over a 4-year period, behavioral problems were reduced, self-contained classrooms for students with emotional and behavioral problems were reduced from 13 in 1990 to only 2 in 1994, and the schools became safer and more productive for all students, at all levels: elementary, middle and high schools. Compared to other Rhode Island districts, when one divides the total number of suspensions by the total student enrollment, Westerly's index is .038, compared to the state index of .232. Similarly, the index for disciplinary incidents in Westerly is .05 compared to .09 and .31 for other Rhode Island districts similar to Westerly in size and demographics.

For more information, see:
Keenan, S., McLaughlin, S., & Denton, M. (1995). *Planning for inclusion: Program elements that support teachers and students with emotional/behavioral disorders*. Highlights from the Second Working Forum on Inclusion. Reston, VA: Council for Children with Behavioral Disorders.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

For project information, contact:
Mark Hawk, Director of Special Education, Westerly Public Schools, 44 Park Ave, Westerly, RI 02891-2297, (401) 596-0315.

b. *Center for the Prevention of School Violence (CPSV)*: According to the CPSV, preventing school violence through assessing physical design and, if necessary, using technology (like metal detectors or cameras) offers a strategy that enables school officials to provide safe and secure learning environments in which students can achieve and succeed. The CPSV conducted a telephone survey of all high schools in North Carolina during Spring, 1997, to determine which safety and security strategies are being used in these schools. Almost 74% of schools participating in the survey have performed assessments of their physical layouts. In addition to controlling access to school, 80% implement some kind of parking lot security. In terms of maintaining control, various types of policies exist with hall monitoring, occurring at 88% of the schools, and campus identification tags and book-bag policies, newer forms, in place at 19% of the schools. 60% of the schools have metal detectors with 64% using one or two of them. Of the schools with metal detectors, 90% have portable ones, 16% have stationary ones located at the entrances of football stadiums. The frequency of use varies with 4% using them daily and 62% using them randomly. 12% have them but never use them. Most schools do not have surveillance cameras; only 24% use such cameras. Other technologies applied to make schools safe and secure include two-way radios, identified by 22% of the schools, and alarm systems, identified by 10% (These numbers may be low given that the other technologies were not specifically asked about.). Two schools indicated that they have Breathalysers. Using a seven-point scale with "one" representing a perceived highest level of effectiveness and "seven" a perceived lowest level, improving safety

through changes in the physical design of the school and use of technology was rated by respondents. About 36% of respondents rated physical design and technology a "one" or "two" (high effectiveness) with reference to this strategy. About 16% rated it "six" or "seven" (low effectiveness). Out of six safe school strategies surveyed (including peer mediation & conflict management, S.A.V.E., law-related education, teen/student court, and having a school resource officer), implementing changes in the physical school environment and/or utilizing technology was rated as the second highest effective strategy. Having a school resource officer was listed as the most effective strategy.

For more information, contact:
Center for the Prevention of School Violence, Dr. Pamela L. Riley, Executive Director, 20 Enterprise Street, 2, Raleigh, North Carolina 27607-7375, 1-800-299-6054 or 919-515-9397, Fax: 919-515-9561 or download a summary from www.ncsu.edu/cpsv/

c. *Playground Safety Studies*: A multifaceted community intervention (starting in 1989) in Central Harlem and Washington Heights included repair of all playgrounds major capital improvements in 5 playgrounds and parks, painting of building murals, development of recreational programs for target age group, traffic safety programs and bicycle helmet promotion. Results reported indicated a decrease in the risk of all injuries in the target age group (compared to a younger, non-targeted group). However, there was no decrease in outdoor fall injuries in the target age group.

For more information, see:
Davidson, L.L., Durkin, M.S., Kuhn, L., O'Connor, P., Barlow, B., & Heagarty, M.C. (1994). The impact of the Safe Kids/Health Neighborhoods Injury Prevention Program in Harlem, 1988 through 1991. *American Journal of Public Health, 84*, 580-586.

National SAFE KIDS Campaign reports that protective surfacing under and around playground equipment can reduce the severity of and even prevent playground fall-related injuries. In addition, protective equipment, safe play conditions (e.g., field surfacing, maintenance) and development and enforcement of safety rules help reduce the number and severity of sports and recreation-related injuries.

For more information, contact:
The National SAFE KIDS Campaign, 1301 Pennsylvania Ave, NW, Suite 1000, Washington, DC 20004-1707, (202)662-0600, (202) 393-2072 Fax, http://www.safekids.org, info@safekids.org

d. *PeaceBuilders*: This is a K-5 program of Heartsprings, Inc. in Tucson, AZ. It emphasizes praising others, avoiding negative comments, being aware of injustices, righting wrongs and seeking out "wise people." The program offers classroom management suggestions, particularly for handling discipline and "unruly" kids. It includes an intensive peace building program for especially disruptive students, a family program, playground program, planning guides for teachers, a leadership guide for administrators, manuals for school staff, bus drivers, cafeteria workers, etc. Preliminary post-test results from an ongoing CDC evaluation indicate significant reductions in fighting- related injury visits to school nurse by students.

For more information see:
Safe Schools. Safe Students: A Guide to Violence Prevention Strategies. (1998). Drug Strategies, Washington, D.C.

School Health Starter Kit, Association of State and Territorial Health Officials, 1275 K. St, NW, Suite 800, Washington, DC 20005. (202)371-9090.

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal)

3a. Violence Prevention

a-1 *Second Step: A Violence Prevention Curriculum*: This school-based social skills curriculum for preschool through junior high focuses on changing the attitudes and behaviors that contribute to violence. It teaches the same three skill units at each grade level: Empathy, Impulse Control, and Anger Management. Lesson content varies according to the grade level, and the skills practiced are designed to be developmentally appropriate. There were no significant teacher- or parent-reported differences between those students participating in Second Step and a control group. However, two-weeks after the intervention was completed behavioral observations revealed that participants showed an overall decrease in physical aggression, and an increase in neutral/prosocial behavior, compared to the control group. Most effects persisted 6 months later.

For more information, see:

Grossman, D.C., Neckerman, H.J., Koepsell, T.D., Liu, P. Asher, K.N., Beland, K., Frey, K., & Rivara, F.P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association,* 277(20), 1605-1611.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). Safe, drug-free, and effective schools for ALL students: What works! Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

For project information, contact:

Second Step: A Violence Prevention Curriculum: Committee for Children, 2203 Airport Way South, Suite 500, Seattle, WA 98134. (800) 634-4449, (206) 343-1223.

a-2 *Responding in Peaceful and Positive Ways (RIPP) Program:* This 25 session sixth grade curriculum focuses on social/cognitive skill-building to promote nonviolent conflict resolution and positive communication. It is taught during a 45-minute class period once a week. Participants showed significantly lower rates of fighting, bringing weapons to school, and in-school suspensions than control subjects.

For project information, contact:

Farrell, A.D. & Meyer, A.L., & Dahlberg, L.L. (1996). The effectiveness of a school-based curriculum for reducing violence among urban sixth-grad students. *American Journal of Public Health, 87*, 979-984

Farrell, A.D., Meyer, A.L. & Dahlberg, L.L. (1996). Richmond youth against violence; A school based program for urban adolescents. *American Journal of Preventive Medicine, 12*, 13-21.

Farrell, A.D. & Meyer, A.L. (in press). Social Skills Training to Promote Resilience in Urban Sixth Grade Students: One product of an action research strategy to prevent youth violence in high-risk environments. *Education and Treatment of Children.*

a-3 *First Step to Success:* An early intervention program for grades K-3 that takes a collaborative home and school approach to diverting at-risk children from adjustment problems, school failure and drop-out, social juvenile delinquency in adolescence, and gang membership and interpersonal violence. Children are screened for antisocial behavior. Parents are recruited as partners with the school in teaching children a behavior pattern that contributes to school success and the development of friendship. Children participate in a social skills curriculum, and parents are taught key skills for supporting and improving their child's school adjustment and performance. As indicated by teacher ratings and direct observations, students who successfully complete the program show sustained behavior changes in adaptive, aggressive, and maladaptive behavior, and in the amount of time spent appropriately engaged in teacher-assigned tasks. Follow-up studies show intervention effects persist up to two-years beyond the end of the initial intervention phase.

For more information, see:

Walker, H.M. (1998). First step to success: Preventing antisocial behavior among at-risk kindergartners. *Teaching Exceptional Children,* 30(4), 16-19.

Walker, H.M., Severson, H.H., Feil, E.G., Stiller, B., & Golly, A. (1997). *First step to success: Intervening at the point of school entry to prevent antisocial behavior patters.* Longmont, CO: Sopris West.

Walker, H.M., Stiller, B., Severson, H.H., Kavanagh, K., Golly, A., & Feil, E.G. (in press). First step to success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders,* 5(4).

For program information, contact:

Jeff Sprague & Hill Walker, Co-Directors. Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugene, OR 97403. (541) 346-3591

a-4 *Project ACHIEVE:* A school wide prevention and early intervention program targeting students who are academically and socially at risk. Students learn social skills, problem-solving methods, and anger-reduction techniques. The program reports reduced aggression and violence in Project ACHIEVE schools. For example, reported disciplinary referrals decreased by 67%. Specifically, referrals for disobedient behavior dropped by 86%, fighting by 72% and disruptive behavior by 88%. Referrals for special education testing decreased 75% while the number of effective academic and behavioral interventions in the regular classroom significantly increased. Suspensions dropped to one-third of what they had been three years before. Similar improvements are reported for grade retention, achievement test scores, and academic performance, and, during a four year period, no student was placed in the county's alternative education program. The model's success has led to its adoption in over 20 additional sites across the United States.

For more information, see:

Knoff, H.M. & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review, 24*(4), 579-603.

Knoff, H.M. & Batsche, G. M. *Safe Schools, Safe Students.* Edited by Ronda C. Talley & Garry R. Walz. National Education Goals Panel and National Alliance of Pupil Services Organizations. Produced in collaboration with ERIC Counseling and Student Services Clearinghouse.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

For project information, contact:

Drs. Howie Knoff and George Batsche, Co-Directors, Institute for School Reform, Integrated Services, and Child Mental Health and Education Policy, School Psychology Program, FAO 100U, Room 268, The University of South Florida, Tampa, FL 33620-7750, (813) 974-3246.

a-5 *Bullying Prevention Program*: This is a universal intervention for reduction and prevention of bully/victim problems. School staff have the primary responsibility for introducing and implementing the program. It targets elementary, middle, and junior high schools, with all students participating in most aspects. Additional individual interventions are targeted at students who are identified as bullies or victims of bullying. The program finds a substantial reduction in boys' and girls' reports of bullying and victimization and of general antisocial behavior such as vandalism, fighting, theft and truancy. They also note significant improvements in the "social climate" of the class, as reflected in students' reports of improved order and discipline, more positive social relationships, and more positive attitudes toward schoolwork and school.

For more information, contact:
Dan Olweus, Ph.D., University of Bergen, Research Center for Health Promotion (HEMIL), Christiesgt. 13, N-5015, Bergen, Norway, 47-55-58-23-27, E-mail: olweus@psych.uib.no

a-6 *Conflict Resolution and Peer Mediation Projects (CR/PM)*: Nine CR/PM programs throughout the country were evaluated. Data indicate that the projects may reduce frequency of fighting and other undesirable behaviors at school, increase knowledge and modify student's attitudes about conflict, improve school discipline, and increase attendance. However, it is stressed that these findings are based on preliminary data, and success varies depends on how the curriculum is implemented.

For more information, see:
Altman E. (1994). *Violence Prevention Curricula: Summary of Evaluations.* Springfield, Ill: Illinois Council for the Prevention of Violence.

Powell, K. E., Muir-McClain, L., & Halasyamani, L. (1995). A review of selected school-based conflict resolution and peer mediation projects. *Journal of School Health, 65* (10), 426-431.

Tolan, P. H. & Guerra, N. G. (1994) *What Works in Reducing Adolescent Violence: An Empirical Review of the Field.* Boulder, CO: Center for the Study and Prevention of Violence.

a-7 *PeaceBuilders:* This is a school-wide violence prevention program for elementary schools (K-5). It focuses on reducing students' hostility and aggression by changing the school climate and promoting prosocial behavior. The intervention involves norm-setting, peace-building, and communication skills development. It reinforces prosocial behavior and enhances parent education and involvement, and includes mass media tie-ins. A year before it was introduced, 120 children were suspended and about 30 were arrested for crimes in a participating community. Two years into the program, the number of suspensions dropped to five, and there were no arrests for community crimes. One school reported that major student fights dropped from 125 to 23; another school reported a decrease from 180 to 24. Outcome assessments are still underway.

For more information, see:
Embry, D.D., Flannery, D.J., Vazsonyi, A.T., Powell, K.E., & Atha, H. (1996). PeaceBuilders: A theoretically driven, school-based model for early violence prevention. *American Journal of Preventive Medicine. Youth Violence Prevention: Description and Baseline Data from 13 Evaluation Projects (Supp.), 12* (5), 91-100.

Walker, H.M., Colvin, G., Ramsey, E. (1995). *Anti-Social Behavior in Schools: Strategies and Best Practices*. Pacific Grove, California: Brooks/Cole.

For program information, contact:
Jane Gulibon, Heartsprings, Inc., P.O. Box 15258, Tuscon, AZ 85732, (520) 322-9977.

a-8 *Positive Adolescent Choices Training (PACT):* This is designed to reduce the chances that African-American and other at-risk yourh will be victims or perpetrators of violence. Primarily targets youth between 12 and 16 identified as socially deficient or with a history of violence. Participants receive hands-on training and practice in 3 areas: prosocial skills, anger control, and violence risk education. Data suggest that those who completed the program showed reduced violence-related behavior as well as gains in skills predictive of future abilities to avoid violence. The data also suggest that others perceived the trained participants to have improved social skills and that trainees themselves had more confidence in their abilities to perform the new behaviors.

For more information, see:
Hammond, W.R., & Yung, B.R. (Winter, 1991). Preventing violence in at-risk African-American Youth. *Journal of Health Care for the Poor and Underserved*, 359-373.

For program information, contact:
B. Yung, Center for Child and Adolescent Violence Prevention, Wright State University, Ellis Human Development Institute, 9 N. Edwin C. Moses Blvd, Dayton, OH 45407, (937) 775-4300.

a-9 *Resolving Conflict Creatively Program (RCCP)*: This curriculum stresses modeling of nonviolent alternatives for dealing with conflict and teaches negotiation and other conflict resolution skills. Conflict resolution and communication skills are taught in the classroom and practiced at least once a week. Several students are trained as "mediators" to assist others in resolving conflicts. Teachers who participate report decreases in name-calling and physical violence among students. When students are tested, most learn the key concepts of conflict resolution and are able to apply them when responding to hypothetical conflicts. In addition, students themselves have reported getting in fewer fights and engaging less frequently in name-calling compared with matched control groups. For the peer mediation component, 80% of students and teachers report that students are helped by contact with mediators. Nine out of ten teachers who participated in the program said that they had improved understanding of children's needs and were more willing to let students take responsibility for resolving their own conflicts.

For more information, see:
DeJong, W. *Building the Peace: The Resolving Conflict Creatively Program (RCCP)*. National Institute of Justice: Program Focus. US Dept. Of Justice, Office of Justice Programs.

For project information, contact:
Linda Lantieri, RCCP National Center, 163 3rd Ave, Room 103, New York, NY 10003, (212) 387-0225.

a-10 *The Mediation in the Schools Program:* This is designed to promote positive resolution of conflict in schools. It consists of three components: conflict management curriculum for the classroom; adult modeling of mediation in conflict resolution; and training of student mediators to provide mediation services to other students. Evaluation data indicate that the program seemed to be "owned" by the students, and participants were described as being more in control and empowered, as well as exhibiting higher self-esteem. Coordinators and administrators reported decreased levels of violence. Program teachers perceived less violence and hurtful behaviors among students believed that the program was effective in teaching students alternative, positive dispute resolution strategies and in decreasing levels of violence at school.

For more information, see:
Carter, S.L. Evaluation report for the New Mexico center for dispute resolution. *Mediation in the Schools Program, 1993-1994 school year*. Albuquerque: New Mexico Center for Dispute Resolution, 1994.

Lam, J.A. *The impact of conflict resolution programs on schools: A review and synthesis of the evidence*. Amherst, Mass.: National Association for the Mediation in Education, 1988.

For program information, contact:
National Resource Center for Youth Mediation, New Mexico Center for Dispute Resolution 620 Roma NW, Suite B, Albuquerque, NM 87102, (505)247-0571 / fax: (505)242-5966

For evaluation information, contact:
Susan Lee Carter, Ph.D, P.O. Box 67 Cerrillos, NM 87010, (505)424-0244

a-11 Lions-Quest Working Toward Peace: This program is designed to help young people develop lifelong habits of peaceful conflict resolution. The four-part course of study for grades 6-8 includes sessions on managing anger, resolving conflicts peacefully, and promoting peace. An optional one-day workshop provides an introduction to and hands-on experience with the curriculum. Program goals are: To help students understand the value of peaceful conflict resolution and study peaceful role models; To enable students to learn ways to manage their own anger; To teach students a wide repertoire of techniques for reducing the level of tension in conflicts and resolving the conflicts peacefully; To encourage young people to apply their skills by planning and carrying out a service-learning project relating to peaceful conflict resolution. It is viewed as equipping educators and parents to help young adolescents take responsibility for finding peaceful solutions to conflict. Program implementation results in improved school climate, fewer discipline referrals, a safer school environment, and increased family and community involvement.

For more information, see:
http://www.quest.edu/business/quest/wtp.htm

For program information contact:
Program Representative at 800/446-2700

A-12 Michigan Model for Comprehensive School Health Education. This is implemented in over 90% of Michigan's public schools and more than 200 private and charter schools servicing grades K-12. The model is also in place in over 42 states, foreign countries, universities and medical schools. The program was established as a cooperative effort of seven state agencies to provide an efficient delivery mechanism for key disease prevention and health promotion messages. The current curriculum facilitates interdisciplinary learning through lessons that integrate health education into other curricula (e.g., language arts, science, math). Stated advantages of the program include: Cost savings on the purchase of support materials; training for teachers; responsiveness to the need for new curricula; efficient delivery of a wide range of curricula and support materials; mechanisms for parent support; and a nationally recognized, research based curriculum. Research reports indicate that the Michigan Model substance abuse lessons had a statistically significant positive impact in curtailing rates of alcohol, tobacco and marijuana use in middle school students. A 1996 national program analysis done by Drug Strategies, Inc. of Washington, D.C. and published under the title "Making the Grade", designated the Michigan Model as one of the top substance abuse prevention programs in the United States. The Michigan Model was the only comprehensive health program to receive this "A" designation. They also rated the Michigan Model as one of the best violence prevention programs in the United States.

For more information, see:
Bridging Student Health Risk and Academic Achievement through Comprehensive School Health Programs Journal of School Health, August 1997, 67, (6);

For program information and resources, contact:
The Educational Materials Center (EMC) at Central Michigan University, 139 Combined Services Building, Central Michigan University, Mt. Pleasant, MI 48859 Ph: 800/214-8961 email: emc@cmich.edu
web: http://www.emc.cmich.edu/

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3-b Suicide Prevention

b-1 Project I: This project reported positive effects on suicide risk for junior-high students in Israel. In a randomized trial with 237 8th grade students, the 12-week group cognitive-behavioral program reports significant reductions in suicides among treated boys, as measured by the culturally adapted Israeli Index of Potential Suicide (IIPS). Effects for girls did not reach the level of significance.

For more information, contact:
Klingman, A., & Hochdorf, Z. (1993). Coping with distress and self-harm: The impact of a primary prevention program among adolescents. *Journal of Adolescence. 16,* 121-140.

b-2 Project 2: This project was evaluated in a randomized trial examining 393 students (including some conduct disordered students). It reported a significant reduction in suicides, in this case among 11th grade students from 6 high schools in Israel. Across all schools, the authors report significant effects on suicidal tendencies, coping skills, and ego identity.

For more information, contact:
Orbach, I., & Bar-Joseph, H. (1993). The impact of a suicide prevention program for adolescents on suicidal tendencies, hopelessness, ego identity and coping. *Suicide and Life-Threatening Behavior, 23*(2), 120-29.

3-c Physical/Sexual Abuse Prevention: This program is a child abuse prevention program for preschool aged to sixth-grade students. Developed in 1984 in Georgia, the goal is to prevent child abuse and reduce the trauma associated with it. The curriculum includes age-appropriate information and strategies to limit emotional and sexual abuse. Modifications have been made for to accommodate developmental delay. Results from a small sample suggest that children as young as kindergarten age can learn knowledge and skills designed to prevent sexual abuse.

For program information, contact:
Pam Church, director, Prevention and Motivation Programs, Inc., P.O. Box 1960 659 Henderson Dr, Suite H, Cartersville, GA 30120, phone(800)245-1527 / fax: (770)607-9600

For evaluation information, contact:
Rex Forehand, Ph.D., Dept of Psychology, University of Georgia, Athens, GA, phone (706)549-0541

Appendix E: Home Involvement in Schooling

The following are brief summaries and related information on the home involvement in schooling programs listed in Table E.

1. Parenting Education

a. *Adolescent Transitions Program (ATP)*: This is designed to provide parents with family management skills and high-risk teens with skills to self-regulate behavior. Parent skills taught include: (1) encouraging positive behavior; (2) setting up behavior change contracts; (3) establishing limits/consequences; (4) communication; and (5) problem solving. The teen curriculum teaches skills in: (1) goal setting; (2) making behavior changes; (3) selecting/maintaining friends; (4) communication; and (5) problem solving. In comparison to controls, one-year follow-up indicated positive effects in engaging students and parents, teaching them skills, and improving parent-child relations. Post-treatment there were short-term effects on teens aggressive and delinquent behaviors. The teen curriculum-only condition was associated with escalated problem behavior, highlighting the importance of the teen and parent components.

For more information, see:
Dishion, T.J., Andrews, D.W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and one-year outcomes. *Journal of Consulting and Clinical Psychology, 63*, 538-548.

Dishion, T. J., Andrews, D.W., Kavanagh, K., & Soberman, L.H. (1996). Chapter 9, preventive interventions for high-risk youth: The adolescent transitions program. In Peteres, R., & McMahon, R. (Eds.), *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage Publications, 184-218.

For project information, contact:
Thomas J. Dishion, Ph.D., Oregon Social Learning Center, Inc., 207 East Fifth Ave. , Suite 202, Eugene, OR 97401, (541) 485-2711.

b. *Iowa Strengthening Families:* This is a family-based intervention to enhance parents' general child management skills, parent-child affective relationships, and family communication. Based on a developmental model, it seeks to delay the onset of adolescent alcohol and substance use by improving family practices. It is designed for sixth-grade students and their families. Parents are taught to clarify expectations of children's behavior, utilize appropriate discipline techniques, manage strong emotions concerning children, and use effective communication. Children are taught similar skills as well as peer resistance/refusal techniques, social interaction skills, and stress management. Post-test evaluations report parents' improved child management practices, increased parent-child communication, more child involvement in family, and strengthened family affective quality. One- and two-year follow-up analyses indicate that adolescents had lower rates of alcohol initiation and 30-60% relative reductions in alcohol use, using without parents' permission, and being drunk.

For program information, contact:
Center for the Study and Prevention of Violence, University of Colorado, Boulder, Institute of Behavioral Science, Campus Box 442, Boulder, CO 80309-0442, (303)492-8465, email: cspv@colorado.edu, http://colorado.edu/cspv/blueprints/promise/iowa.htm

c. *MELD Young Moms* : Uses peer support groups to help strengthen families by reducing the social isolation that can lead to child abuse and neglect. Program activities are designed to increase parents' knowledge of child development; increase parents' ability to solve problems, make decisions, and manage family life; and to nurture parents' personal growth. Support peer groups meet weekly for a period of two years. Outcomes from seven sites indicate a positive shift in parental attitudes and beliefs about parenting and children. Parents showed more appropriate expectations in line with child's abilities, increased awareness of and better response to child's needs, and reduced value in corporal punishment.

For more information, see:
Strengthening America's Families Project, University of Utah, Model Family Strengthening Program Descriptions, www.whitehousedrugpolicy.gov/prevent/parenting/r_ meld.html

d. *Parent Child Development Center Programs*: This is designed to foster relationships between parents and children. It targets low-income families and provides multidimensional treatment to help mothers become more effective in child-rearing. Mothers are educated in socioemotional, intellectual, and physical aspects of infant and child development; care-givers' personal development is enhanced through home management training and continuing education classes; and the needs of the entire family are addressed by providing health and social services. A short-term evaluation at 24 months reported increases in IQ and cognitive ability and more positive mother-child interactions. Compared to controls, evaluations showed increases in children's school achievement at grades 2 and 3, improvements in mothers' positive control techniques (including discipline with discussion and less physical punishment), improvements in mothers' use of affection/praise, and decreases in children's destructive behavior (age 4-7).

For more information, see:
Bridgeman, B., Blumental, J.B., & Andrews, S.R. (1981). *Parent Child Development Center: Final Evaluation* Report. Dept. of Health and Human Services, Office of Human Development Services, Washington, DC 20201.

Johnson, D.L. & Walker, T. (1987). Primary prevention of behavior problems in Mexican-American children. *American Journal of Community Psychology*, 15, 375-385.

Johnson, D.L. & Breckenridge, J.N. (1982). The Houston Parent-Child Development Center and the primary prevention of behavior problems in young children. *American Journal of Community Psychology*, 10, 305-316.

Contact: Dale Johnson, Department of Psychology, University of Houston – University Park Houston, TX 77004 (713) 743-8508

e. *Parent to Parent:* This video-based program is desigend to help parents deal directly with their children. It is facilitated by parents for parents. Internal evaluation and long term studies by outside sources report the following: (a) 89% of participants had a greater understanding of their role in preventing drug and alcohol use by their children, (b) 91% changed the way they communicated with their children, (c) 75% became more involved in community efforts aimed at alcohol or drugs, (d) 91% talk more often with their children about drugs, and (e) 85% increased contact with parents of their children's friends.

For more information, see:
O'Keefe, A. (1998). *Participant Views on the Parent to Parent Program*. Prepared for the Onondaga County Drug and Alcohol Commission; 1-800-487-7743.

For program information, contact:
Kathleen Lindsey, Parent to Parent Consultant, Representing Passage Group, Inc., lindseyenterprises@usa.net; Safe Passsage, Violence Prevention for Parents, 1-800-487-7743.

f. *PeaceBuilders:* This school-wide violence prevention program for elementary schools (K - 5) aims to enhance parent competence, increase rewards and praise for prosocial behavior, improve the school climate, teach peace building and communication skills, and recruit other adults as advisors and positive role models. Core components include common language and stimulus cues, video training kit, action guide and related tools for teachers, administrators, and families, story/workbooks for children, parents' activity training kit, and community media kit. A CDC-funded study is currently underway, and pilot data indicate reduction in teachers' estimates of aggressive behavior/social skills, referrals to the principal, suspensions, school transfers, and aggression on the playground.

For more information, see:
Embry, D.D., Flannery, D.J., Vazsonyi, A.T., Powell, K.E., & Atha, H. (1996). PeaceBuilders: A theoretically driven, school-based model for early violence prevention. *American Journal of Preventive Medicine. Youth Violence Prevention: Description and Baseline Data from 13 Evaluation Projects (Supp.)*, 12 (5), 91-100.

Walker, H.M., Colvin, G., Ramsey, E. (1995). *Anti-Social Behavior in Schools: Strategies and Best Practices*. Pacific Grove, California: Brooks/Cole.

For program information, contact:
Jane Gulibon, Heartsprings, Inc., P.O. Box 15258, Tuscon, AZ 85732, (520) 322-9977.

g. *Preparing for the Drug Free Years*: This is designed for parents of children in grades 4 through 8 to help reduce the risk that their children will develop problems with drugs and alcohol in adolescence. It teaches parents how to increase their children's opportunities for involvement in the family, how to teach skills needed by children and adolescents, and how to provide reinforcement for desired behavior and appropriate consequences for undesired behavior. Preliminary results from a large-scale NIDA-funded study (currently underway) indicate positive effects on parenting behavior. Parents showed greater understanding about the situations in which adolescents are offered drugs, greater appreciation for the importance of bonding and providing adolescents with meaningful roles in the family, and significant changes in knowledge, attitudes, and behavior. For example, parents reported having held family meetings to set family policy and to teach refusal skills.

For more information, see:
Spoth, R., Redmond, C., Haggerty, K., & Ward, T. (1995). A controlled parenting skills outcome study examining individual differences and attendance effects. *Journal of Marriage and the Family*, 57: 449.

Spoth, R., Redmond, C., Hockaday, C., & Yoo, S. (1996). Protective factors and young adolescent tendency to abstain from alcohol use: A model using two waves of intervention study data. *American Journal of Community Psychology*, 24 (6): 749-770.

For program information, contact:
Karl Hill, Ph.D., Project Director, Social Development Research Group, 146 North Canal St., Suite 211, Seattle, WA 98103-8652; (206) 685-1997. *To order materials, contact*: Barbara McCarthy, Developmental Research and Programs, 130 Nickerson, Suite 107, Seattle, WA 98109; (800) 736-2630

d. *Syracuse Family Development Research Program:* This is designed to bolster child and family functioning through home visitations, parent training, and individualized daycare. It targets economically disadvantaged families in order to improve children's cognitive and emotional functioning, foster their positive outlook, and decrease juvenile delinquency. Mothers receive individualized training and support in order to create developmentally appropriate interactive games for their children, foster mothers' involvement in children's educational attainment, and model appropriate interactions. The most dramatic effects were found during a ten-year follow-up with control group evaluation, which indicate reduced juvenile delinquency and improved school functioning (for girls). Specifically, (a) Only 6% of participating children, compared to 22% of controls, had official delinquent records; (b) Control delinquents had more serious offenses; (c) participating girls showed better grades and school attendance (grades 7-8) and higher teacher ratings of self-esteem and school achievement; (c) participating children rated themselves more positively and had higher educational goals; (f) parents were more proud of their children and rated their families as more unified.

For more information, see:
Lally, J.R., Mangione, P.L., & Honig, A.S. (1988). The Syracuse University Family Development Research Program: Long-range impact on an early intervention with low-income children and their families. In D.R. Powell and Irving E. Sigel (eds.), *Parent Education as Early Childhood Intervention: Emerging Direction in Theory, Research, and Practice. Annual Advances in Applied Developmental Psychology, Volume 3.* Norwood, NJ: Ablex Publishing Corp.

Lally, J.R., Mangione, P.L., Honig, A.S., & Wittner, D.S. (1988). More pride, less delinquency: Findings from the ten-year follow-up study of the Syracuse University Family Development Research Program. *Zero to Three*, April, 13-18.

2. Adult Education/Family Literacy

a. *Family Literacy Research Summary (including Even Start):* The National Center on Family Literacy reports the following. "Integrated family literacy programming is more effective than traditional approaches to adult education, early childhood education, or stand-alone parent programs for our most vulnerable adults and children. From the beginning of the Kenan program in 1989, NCFL has utilized standardized and teacher-made tests, case studies, anecdotal records, parent surveys and interviews, and staff observations to evaluate all aspects of the program. The early findings indicated that both adults and their children made important gains as a result of attending family literacy programs:

>Parents who made a commitment to attend regularly made significant improvements in academic performance, in their relationships with their children and with other adults, and in their view of themselves. Even though the average reading and math scores were between the 6th and 7th grade level, 30% of adult students either received GED certification during the program year, passed parts of the exam, or had scheduled the exam at the end of the program year.

>By the end of the program year, more than 90% of formerly "at-risk" children were judged by their teacher as ready for entry into kindergarten with no expected academic or social difficulties. These children demonstrated significant growth in behavior, use of language, and development of pre-academic skills. *Breaking the Cycle of Illiteracy: The Kenan Family Literacy Model Program* (NCFL, 1989).

The Kenan model was expanded nationally in 1991 with the Toyota Families for Learning Program (TFLP). The findings produced from 15 cities (sample size: n = 500) demonstrated the need to approach these problems from the comprehensive family perspective of the Kenan model:

>Adults participating in family literacy programs showed greater gains in literacy than adults in adult-focused programs.

>Participants in family literacy programs were less likely to drop out of the program than were participants in adult focused programs.

>Children participating in family literacy programs demonstrated greater gains than children in child-focused programs.

>More educationally supportive home environments were reported by parents in family literacy programs than when they entered the program. *The Power of Family Literacy* (NCFL, 1996).

Parental involvement is perhaps the most important indicator of the success of family literacy programs. Ideally, adults and children both improve in literacy ability, and lifestyle changes should be occurring in parent/child interactions so that learning gains can be maintained and extended independently by families. Mikulecky and Lloyd, in a study of NCFL programs in Atlanta, Rochester, Fort Wayne, Nashville, and Richmond (n = 133) demonstrated through comparisons made at time of entry and time of exit that:

1) Parents provided a wider range of reading and writing materials at home for their children: Parents took their children to the library twice as often, about every 3 weeks. Parents bought or borrowed books for their children 40% more often, every one to two weeks.
2) Parents engaged in a wider range of reading and writing activities with their children at home, drawing and writing with their children and using educational materials and games: Parents read or looked at books with their children 40% more often, almost every day. Children asked parents to read to them 20% more often, almost every day. Children's book and magazine reading increased by nearly 40%, to more than once a day.
3) Parent-child talk about manners and hygiene involved more explaining and less direct instruction.
4) Parents and children played together with toys or games about 30% more often.
5) Parents displayed children's drawings and writings at home 20% more often, every 4 to 5 days.
6) Children saw their parents engage in a wider range of reading and writing activities at home.
7) Parents became increasingly aware that children can learn through play and do not need to be taught or

controlled by adults.

>Parents thought that children learned to read and write well in school because their parents spent quality time with them rather than because of the child's ability or effort.

Parents believed taking children to the library or educational programs would help children learn to read and write better. Mikulecky and Lloyd. (1995). *Evaluating Parent/Child Interactions in Family Literacy Programs.*

The NCFL Parent Survey shows practically and statistically significant gains ($p < .003$, $n = 1100$) in the frequency that parents: (a) talk to their school-age children's teacher, (b) talk to their children about their day, (c) read or look at books with children, (d) are seen reading or writing by their children, (e) take their children to the library, (f) volunteer at school help children with homework, and (g) attend school activities (analysis of NCFL primary database, 1997)

In NCFL's first follow-up study, 53 adults & 98 children were evaluated after leaving the Kenan program:

>One year after leaving the program, 66% of adults were either enrolled or had definite plans for enrolling in some form of higher or continuing education program or were employed.

>35% were employed, while fewer than 10% were employed at the time they enrolled in the program.

>After two years, none of the children had been held back in school.

>Over three-fourths of these children were rated by their current kindergarten or grade-school teacher as average or above average on academic performance, motivation to learn, support from parents, relations with other students, attendance, classroom behavior, self confidence, and probable success in school. *Follow-up Study of Impact of the Kenan Trust Model for Family Literacy* (NCFL, 1991).

In follow-up studies of 200 representative families in four states (KY, NC, HI, and NY) one to six years after attending family literacy programs, NCFL has documented these enduring effects:

>51% of the adult students have received a high school equivalency certificate;

>43% are employed, compared to 14% before enrolling;

>13% have enrolled in higher education or training programs and another 11% are continuing in Adult Education programs working toward GED certification;

>Dependence on public assistance has been reduced by 50%

>The present primary teachers rate almost 80% of former family literacy children at or above the class average on such factors as attendance, classroom behavior, relations with other children, motivation to learn, family support for education, and probability of success in school.

A follow-up study ($n = 23$) of former family literacy children in Rochester, NY showed that while only 11% scored above the 20th and none scored above the 50th percentile rank on the PPVT as 3 and 4-year-olds in the family literacy program, 87% scored above the 20th percentile rank and 39% scored above the 50th percentile rank on a standardized reading test (CAT) as first and second graders. (Analysis of NCFL follow-up database, 1996).

NCFL documented the results of high quality, federally-funded Even Start programs to show what can be expected of programs when implemented according to the Even Start mandate. Data was collected from 30 sites across the country in 1997. Adults made significant changes in their lives:

>54% seeking educational credentials received the GED or its equivalent.

>45% of those on public assistance reduced the amount received or ceased to receive aid altogether.

>40% were enrolled in some higher education or training program.

>50% of those not currently enrolled in an education or training program are employed.

The percentage of children in the Even Start program rated "average or above" by their current classroom teacher (grades K-5): (a) 67% on overall academic performance, (b) 78% on motivation to learn, (c) 83% on support from parents, (d) 89% on relations with other students, (e) 91% on attendance, (f) 84% on classroom behavior, (g) 73% on self-confidence, (h) 75% on probable success in school, (i) 80% on all factors by their teachers, and (j) 90% showed satisfactory grades in reading, language and mathematics *(Even Start: An Effective Literacy Program Helps Families Grow Toward Independence,* NCFL, 1997).

For more information, see:

National Center for Family Literacy website: www.famlit.org/research/research.html

a. *Family Intergenerational-Interaction Literacy Model (FILM):* This is designed for all family members to improve basic literacy, employment, and parenting skills in order to increase the educational level of disadvantaged preschool children and their families. It provides literacy services and parenting/ life skills education to parents and early childhood education to children. Post-test outcome data indicate that (1) the program compared favorably with other adult education programs in promoting academic achievement and GED acquisition, (2) participating preschoolers scored higher on school readiness indicators than a comparison group, (3) preschool graduates were ranked by teachers as higher in academic performance and social skills than their peers, and (4) teacher reported greater parent involvement in their children's education.

For program information, contact:
Dean Hiser, Orange County Department of Education, 200 Kalmus Drive, P.O. Box 9050, Costa Mesa, CA 92628-9050; Phone: (714) 966-4145; Fax: (714) 966-4124; www.ed.gov/pubs/EPTW/eptw11/eptw11a.html

c. *Mother-Child Home Program (MCHP) of the Verbal Interaction Project, Inc.:* This is a non-didactic, home-based program that aims to prevent educational disadvantage in two- to four-year old children of parents with low income and limited education, and to foster parents' literacy and self-esteem, by enhancing parent-child verbal interaction. Guided by the theory that cognitive and social-emotional growth results from the playful exchange between parent and child, "Toy Demonstrators" model for the parent a curriculum of verbal and other positive interaction with their children. Specific outcomes reported include (1) children at risk for educational disadvantage at age two were no longer so after two years of the program, and (2) program graduates met national achievement test norms in elementary school and graduated from high school at a normal rate.

For program information, contact:
Dr. Phyllis Levenstein, Director, National Center for Mother-Child Home Program, 3268 Island Road, Wantagh, NY 11793. (516) 785-7077. (Affiliated with the State University of New York at Stony Brook.)

d. *Parents as Teachers:* This is an early parenting program that provides comprehensive services to families from the third trimester of pregnancy until the children are three years of age. It aims at helping parents give their children a solid foundation for school success and at forming a closer working relationship between home and school. Services include regularly scheduled personal visits in the home, parent group meetings, periodic screening and monitoring of educational and sensory development, and access to a parent resource center. Reported outcomes are: (1) Children of parents in the program score significantly higher at age three on the Kaufman Assessment Battery for Children and the Zimmerman Preschool Language Scale than the comparison and nationally normed groups; (b) Children of parents in the program score significantly higher at the end of grade one on standardized tests of reading and mathematics than the comparison and nationally normed groups; (c) Parents in the program for three years demonstrate significantly more knowledge and child-rearing practices, are more likely to regard their school district as responsive to a child's needs, and are more likely to have children's hearing professionally tested than the comparison parents; and, (d) Parents who were in the program were found to be significantly more involved in their children's school experience at the end of grade one than were comparison group parents.

For more information, contact:
Mildred Winter, Director, Parents as Teachers National Center, Inc., 9374 Olive Boulevard, St. Louis, MO 63132; Phone: (314) 432-4330 or Sharon Rhodes, Program Development, Director.
www.ed.gov/pubs/EPTW/eptw11/eptw11h.html www.ed.gov/pubs/EPTW/eptw11/eptw11h.html

3. Mobilizing the Home to address Students' Basic Needs

b. *Child Development Project (CDP)*: This multi-year, comprehensive school-change program aims to help elementary school children feel more attached to the school community, internalize the community's norms and values, exhibit behavior consistent with norms and values, and reduce their involvement in drug-use and other problem behaviors. It includes parent involvement activities, staff training, school-wide community building activities, and a cross-grade buddy program. Reported outcomes include an 11% drop in alcohol use (compared to a 2% increase in comparison schools), a 2% drop in marijuana use (compared to a 2% increase in comparison schools), an 8% drop in cigarette use (compared to a 3% decline in comparison schools), increase in pro-social behaviors among students in grades K-4, and decreased delinquency in schools with the highest level of implementation.

For more information, see:
Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial. *Journal of Adolescent Research, 11*, 12-35.

Battistich, V., Solomon, D., Kim, D., Watson, M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and student' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal, 32*, 627-658.

For project information, contact:
Sylvia Kendzior, Developmental Studies Center, 200 Embarcadero, Suite 305, Oakland, CA 94606-5300, (510) 533-0213. To order materials, call (800) 666-7270.

c. *Families and Schools Together (FAST)*: This is a collaborative, multi-family program that aims to prevent school failure, enhance family functioning, prevent familial substance abuse, and reduce stress. FAST targets children (ages 4 to 9) who have high rates of aggression, noncompliance, and behavior problems. It seeks to empower parents to be their child's primary prevention agent and involves 2 years of multiple family meetings designed to increase social bonds of the at-risk child. Pre-post program comparisons indicate (1) increased child attention spans and self-esteem, (2) decreased child problem behaviors, (3) stronger parent-child relationships, (4) increased parent school involvement, (5) enhanced overall family functioning, (6) greater family networking, (7) greater family comfort level in dealing with school/community. At 3-year follow-up, (1) 16% of parents went into alcohol treatment, (2) 27% went into counseling, (3) 40% went on to further education, (4) 16% obtained full-time jobs, (5) 32% became involved in Parent Teacher Organizations, and (6) 35% became more involved in community centers.

For more information, see:
McDonald, L., Billingham, S., Dibble, N., Rice, C., & Coe-Braddish, D. (January, 1991). Families and Schools Together: An innovative substance abuse prevention program. *Social Work in Education: A Journal of Social Workers in School*, 13 (2): 118-128.

For program information, contact:
FAST: Families and Schools Together, Family Service America, 11700 West Lake Park Drive, Milwaukee, WI 53224-3099; (800) 221-3726. http://www.acf.dhhs.gov/programs/opre/fastrt.htm

d. *Seattle Social Development Project:* This is a universal, multidimensional intervention that aims to decrease juveniles' problem behaviors by working with parents, teachers, and children. It intervenes early in children's development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency. Staff indicate that the Project's success lies in its combination of parent and teacher training. Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. Parents receive family management training for monitoring children, providing appropriate and consistent discipline, improving communication between themselves, teachers, and students, helping their children develop reading and math skills, and creating family positions on drugs and encouraging children's resistance skills. Evaluations report improved school performance, family relationships, and student drug/alcohol involvement at various grades.

For more information, see:

Hawkins, J. David, Catalano, Richard F., Morrison, Diane, O'Donnell, Julie, Abbott, Robert, & Day, Edward (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. In Joan McCord & Richard E. Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence.* New York: The Guilford Press.

Hawkins, J. David, Von Cleve, Elizabeth, & Catalano, Richard F. (1991). Reducing early childhood aggression: Results of a primary prevention program. *Journal American Academy Child Adolescent Psychiatry, 30,* 208-217.

O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry, 65,* 87-100.

For program information, contact:

J. David Hawkins, Social Development Research Group (SDRG), University of Washington – School of Social Work, 130 Nickerson, Suite 107, Seattle, WA 98109, (206) 286-1805, E-mail: sdrg@u.washington.edu, URL: http://weber.u.washington.edu/~sdrg

d. *Project ACHIEVE:* A school wide prevention and early intervention program targeting students who are academically and socially at risk. Students learn social skills, problem-solving methods, and anger-reduction techniques. The program reports reduced aggression and violence in Project ACHIEVE schools. For example, reported disciplinary referrals decreased by 67%. Specifically, referrals for disobedient behavior dropped by 86%, fighting by 72% and disruptive behavior by 88%. Referrals for special education,testing decreased 75% while the number of effective academic and behavioral interventions in the regular classroom significantly increased. Suspensions dropped to one-third of what they had been three years before. Similar improvements are reported for grade retention, achievement test scores, and academic performance, and, during a four year period, no student was placed in the county's alternative education program. The model's success has led to its adoption in over 20 additional sites across the United States.

For more information, see:

Knoff, H.M. & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review, 24,* 579-603.

Knoff, H.M. & Batsche, G. M. Project ACHIEVE: A collaborative, school-based school reform process improving the academic and social progress of at-risk and underachieving students. In: R. Talley & G. Walz (Eds.), *Safe Schools, Safe Students.* National Education Goals Panel and National Alliance of Pupil Services Organizations. Produced in collaboration with ERIC Counseling and Student Services Clearinghouse.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

e. *Early Intervention for School Success (EISS):* This program offers teachers, support staff, and parents basic knowledge of child growth/development and basic strategies for the kindergarten classroom. There are 4 training components: organization and planning, assessment, strategies, and curriculum. Outcomes reported for kindergarten students after 1 year include: (1) participating children scored significantly better in receptive language, visual motor integration and achievement than comparison groups; (2) they showed fewer grade retentions than comparison groups; and (3) in a follow-up of a comparison study of at-risk (first quartile) students, the students maintained reading score gains through grade three testing.

For more information, contact:
Dean Hiser, Orange County Department of Education, 200 Kalmus Drive, P.O. Box 9050, Costa Mesa, CA 92628-9050; Phone: (714) 966-4145; Fax: (714) 966-4124; www.ed.gov/pubs/EPTW/eptw11/eptw11a.html

d. *Effective Black Parenting Program (EBPP):* This is a cognitive-behavioral program specifically created for African-American parents that seeks to foster effective family communication, healthy identity, extended family values, child growth and development, self-esteem as ways to combat juvenile delinquency, substance abuse, and other negative outcomes. Black educators and mental health professionals teach basic child management skill using culturally appropriate methods; interactive groups address topics such as discipline, pride, coping with racism. Pre-post changes compared 109 treatment and 64 control families. Outcomes reported include a significant reduction of parental rejection and improvements in family quality, reductions in rejection, and problem behaviors.

For project information, contact:
Kirby T. Alvy, Ph.D., Executive Director, Center for the Improvement of Child Caring, 11331 Ventura Boulevard, Suite 103, Studio City, CA 91604-3147; Tel: (818) 980-0903

g. *Enriching a Child's Literacy Environment (ECLE):* This is a program of classroom and home instruction teaching parents, teachers, and other care providers to develop oral language, thinking abilities, and motor skills in young children (ages 6 months to 3 years). Targeted areas include children's large and small muscle coordination, oral language through sensory stimulation, print and number awareness, appreciation of literature, sensitivity to music and rhythm, and basic concepts. Outcomes reported for Pre/Post Treatment measures are: (1) Statistically significant gains for participating children (as contrasted with a comparison group) on the Mental Development Index (MDI) and the Psychomotor Development Index (PDI) of the Bayley Scales of Infant Development; (b) Average gains for every one month in the program were more than two months of growth relative to the normative group.

For more information, contact:
Dr. Ethna Reid, Reid Foundation, 3310 South 2700 East, Salt Lake City, Utah 84109; Phone: (801) 486-5083; Fax: (801) 485-0561; www.ed.gov/pubs/EPTW/eptw11/eptw11b.html

e. *Perry Preschool Program* (also known as the *High/Scope Perry Preschool Project*): This project serves as a community center as well as a school for children between the ages of 2-5 years who live in poverty and are at high risk of school failure. The intervention focuses on combating the relationship between childhood poverty and school failure by promoting young children's intellectual, social, and physical development. It has been expanded to elementary schools. It includes weekly home visitation by teachers, and includes a developmentally appropriate curriculum, small classrooms, frequent parental communication, and sensitivity to noneducational needs of disadvantaged children and their families. The 15 year follow-up indicated that, compared to controls, Perry children showed less delinquency (including fewer arrests, and less gang fights and police contact) at age 19. By age 15, Perry children showed less antisocial behavior and higher academic achievement, including higher scores on standardized tests of intellectual ability and higher high school grades. By age 19, Perry children showed less school dropouts (33% vs. 51%). Subsequent findings indicate that 35% of the control group had been arrested five or more times by age 27 and 25% at least once for drug dealing -- compared with 7 percent of those in the program in both categories. Out of wedlock births were high in both groups but far fewer in the program group, 57% vs. 83%, respectively. Seventy-one percent of the program group completed 12 or more years of school compared with 54% of the controls. Significantly more females in the program completed high school compared to control females (84% vs. 35%). Twenty-nine percent of the program group, compared with 7% of controls, earned at least $2,000 a month. Eighty-percent of the controls received welfare as an adult, compared with 59% of the program group.

For more information, see:
Berrueta-Clement, J. R., Schweinhart, L. J., Barnett, W. S., Epstein, A. S., Weikart, D. P. (1984). *Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19.* Ypsilanti, MI: High/Scope Press.

Epstein, Ann S. (1993). *Training for Quality: Improving Early Childhood Programs through Systematic Inservice Training.* Ypsilanti, MI: The High/Scope Press.

Schweinhart, L.J., Barnes, H.V., Weikart, D.P. *Significant benefits: The High/Scope Perry Preschool Study Through Age 27.* Monographs of the High/Scope Educational Research Foundation, Number Ten. Ypsilanti: High/Scope Foundation, 1993.

For program information, contact:
Dr. David P. Weikart, President, High/Scope Educational Research Foundation, 600 N. River Street, Ypsilanti, MI 48198-2898. (313) 485-200 / fax: (313) 485-0704.

For evaluation information, contact:
Lawrence J. Schweinhart, PhD, Chair, Research Division, High/Scope Educational Research Foundation, 600 N. River Street, Ypsilanti, MI 48198-2898. (313) 485-2000 / fax: (313) 485-0704.

i. *Family Advocacy Network (FAN Club):* This is designed to directly involve parents of youth (ages 13 to 15) participating in Boys & Girls Clubs of America's SMART Moves program. It aims at strengthening families and promoting family bonding to increase resistance of youth to drug use. It can be implemented in community-based youth organizations, recreation centers, and schools in collaboration with a local Boys & Girls Clubs. The focus is on providing basic support to help families deal with stress and to encourage family activities; regularly scheduled group social activities; educational activities; and parental leadership activities. Reports indicate a statistically significant ($p<.05$) decrease in substance use over time relative to comparison schools, as well as greater ability to refuse substances and increased knowledge of health consequences of substance use.

For project information, contact:
Tena L. St. Pierre, Ph.D., The Pennsylvania State University, Institute for Policy Research and Evaluation, In collaboration with Boys & Girls Clubs of America; Ms Mylo Carbia-Puig, 1230 West Peachtree Street, NW, Atlanta, GA 30309-3447; (404) 487-5766 or (877) 773-8546 toll-free; fax (404) 487-5789; E-mail: mcpuig@bgca.org; Web: www.bgca.org

j. *Los Ninos Bien Educados:* This targets newly immigrated Latino parents and kindergarten children to enable parents to assist children with the challenges of growing up in the U.S. It offers a wide range of basic child-rearing skills, along with skills compatible with Latino culture. Initial field testing in the 1980's indicated that participating parents perceived their relationships with their children as either better or much better, whereas nonattending parents reported their relationships with their children as the same or getting worse. Behavior improvements were reported by parents and confirmed by teachers' reports.

For project information, contact:
Kirby T. Alvy, Ph.D., Executive Director, Center for the Improvement of Child Caring, 11331 Ventura Boulevard, Suite 103, Studio City, CA 91604-0903; Tel (800) 325-CICC

k. *Project P.I.A.G.E.T. (Promoting intellectual Adaptation Given Experiential Transforming)*: This program uses a school-home setting to develop English language and cognitive competencies in bilingual preschool children whose native language is Spanish. It has three components: (1) Classrooms taught by one bilingual teacher and one aide trained in Piagetian-derived teaching strategies; (2) Aides to help Limited English Proficient (LEP) parents develop educational home program; and, (3) Academic assessment of children and parents' skills. Repotred outcomes are: (1) After 1 year, Limited English Speaking children achieve significantly higher gains than a comparison group on tests of receptive language and reading readiness; and (2) participants achieve greater than the norm in English language reading, language, and mathematics by fourth grade and gains are sustained through grade 6.

For more information, contact:
Iris Cintron, Bethlehem Area School District, 1516 Sycamore Street, Bethlehem, PA 18017; Phone: (215) 861-0500 or Dr. Thomas Yawkey, Department of Curriculum and Instruction, 159 Chambers Building, The Pennsylvania State University, University Park, PA 16802; Phone: (814) 863-2937.
www.ed.gov/pubs/EPTW/eptw11/eptw11i.html

l. *First Step to Success:* This program for grades K-3 takes a collaborative home and school approach to diverting at-risk children from adjustment problems, school failure and drop-out, social juvenile delinquency in adolescence, and gang membership and interpersonal violence. Children are screened for antisocial behavior. Parents are recruited as partners with the school in teaching children a behavior pattern that contributes to school success and the development of friendship. Children participate in a social skills curriculum, and parents are taught key skills for supporting and improving their child's school adjustment and performance. As indicated by teacher ratings and direct observations, students who successfully complete the program show sustained behavior changes in adaptive, aggressive, and maladaptive behavior, and in the amount of time spent appropriately engaged in teacher-assigned tasks. Follow-up studies show intervention effects persist up to two-years beyond the end of the initial intervention phase.

For more information, see:
Walker, H.M. (1998). First step to success: Preventing antisocial behavior among at-risk kindergartners. *Teaching Exceptional Children,* 30(4), 16-19.

Walker, H.M., Severson, H.H., Feil, E.G., Stiller, B., & Golly, A. (1997). *First step to success: Intervening at the point of school entry to prevent antisocial behavior patters.* Longmont, CO: Sopris West.

Walker, H., Stiller, B., Severson, H., Kavanagh, K., Golly, A., & Feil, E. (in press). First step to success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders.*

For program information, contact:
Jeff Sprague & Hill Walker, Co-Directors. Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugene, OR 97403. (541) 346-3591

m. *Parent-Teacher Intervention Project (P-TIP):* This offers consultation services to parents and teachers of Head Start children who are experiencing either social withdrawal or conduct problems. Treatment consists of a comprehensive video-based program for parents and teachers that cover play, praise and rewards, effective limit setting, and handling misbehavior. Results reported from the first two years indicated that parents and teachers rated treatment acceptability and effectiveness very highly. Parents rated children's social skills as having increased and problem behaviors as having decreased from pretest to posttest, but there was no significant difference compared to the control children.

For more information, see:
http://www.wcer.wisc.edu/Project_Descriptions/Teacher_Parent_Intervent.html

n. *Preventive Treatment Program*: This is designed to prevent antisocial behavior of boys who display early, problem behavior. It combines parent training with individual social skills training. Parents receive an average of 17 sessions that focus on monitoring their child's behavior, giving positive reinforcement for prosocial behavior, using punishment effectively, and managing family crises. The boys receive 19 sessions aimed at improving prosocial skills and self-control. Training utilizes coaching, peer modeling, self-instruction, reinforcement contingency, and role playing to build skills. Evaluations report both short and long-term gains. At age 12 (3 years after the intervention) treated boys were less likely to report taking objects worth less or more than $10, trespassing, and stealing bicycles. They were rated by teachers as fighting less than untreated boys, and 29% were rated as well-adjusted in school (compared to 19% of the untreated boys). 22% of treated boys (compared to 44% of the untreated boys) displayed less serious difficulties in school; 23.3% of the treated boys (compared to 43% of the untreated boys) were held back in school or placed in special education classes. At age 15, those receiving the intervention were less likely than untreated boys to report: gang involvement; having been drunk or taking drugs in the past 12 months; committing delinquent acts (stealing, vandalism, drug use); and having friends arrested by the police.

For more information, see:
Tremblay, Richard E., Masse, Louise, Pangani, Linda & Vitaro, Frank (1996). From childhood physical aggression to adolescent maladjustment: The Montreal Prevention Experiment. In R. D. Peters & R. J. McMahon (eds.), *Preventing childhood Disorders, Substance Abuse, and Delinquency,* Thousand Oaks: Sage Publications.

Tremblay, Richard E., Vitaro, Frank, Betrand, Llucie, LeBlanc, Marc, Beauchesne, Helene, Bioleau, Helene, & David, Lucille (1992). Parent and child training to prevent early onset of delinquency: The Montreal longitudinal Experimental Study. In Joan McCord & Richard Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence.* New York: The Guildford Press.

For project information, contact: Richard E. Temblay, University of Montreal, School of Pycho-Education, 750, boul. Gouin Est, Montreal, Quebec, Canada H2C 1A6, (514)385-2525.

n. *Strengthening Families Program (SFP):* This is designed to reduce family environment risk factors and improve protective factors with the ultimate goal of increasing the resiliency of youth ages 6 to 10 who are at risk for substance abuse. Intervention lasts 2 to 3 hours weekly for 14 weeks, and includes parent, child, and family skills training. Program reports that positive results were maintained at 5-year follow-up and includes reductions in family conflict, improvement in family communication and organization, and reductions in youth conduct disorders, aggressiveness, and substance abuse.

For more information, see:
Aktan, B.B., Kumpfer, K.L., & Turner, C. (1996). The Safe Haven Program: Effectiveness of a family skills training program for substance abuse prevention with inner city African-American families. *Journal of Drugs in Society.*

Harrison, R.S. (1994). *Final Evaluation of the Utah Community Youth Activity Project.* Submitted to Utah States Division of Substance Abuse. Salt Lake City, UT: Social Research Institute, Graduate School of Social Work, University of Utah, 1994.

For program information, contact:
Dr. Karol Kumpfer, Department of Health Education, HPER N-215, University of Utah, Salt Lake City, UT 84112, (810)581-7718.

p. *Webster Groves Even Start Program*: This links parenting education, adult basic education, and early childhood education (ages 0 to 7) through a single site family learning center and home-based instruction. Targets families experiencing difficulties including teen pregnancy, single-parents, poverty, low literacy skill, high school drop-outs, abusive relationships, and low self esteem. Adult activities include basic education, GED studies and computer skills, parenting or life skills and pre-employability instruction. Educational activities for children are designed to develop pre-literacy skills, such as social interaction and language development. Reported outcomes are (1) parents in the program showed significant increases in passing the GED and parenting knowledge skills; (2) parents in the program took more responsibility for their child's growth and development and achieved their personal goals; and (3) Children in the program significantly increased their receptive vocabulary and were equal to other children in preschool skills when they entered kindergarten.

For project information, contact:
Diane Givens, Coordinator, 9153 (R) Manchester, Rock Hill, MO 63119; Phone: (314) 968-5354; Fax: (314) 963-6411. www.ed.gov/pubs/EPTW/eptw11/eptw11j.html

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Appendix F: Community Outreach for Involvement and Support

The following are brief summaries and related information on the community outreach programs listed in Table F.

1. Mentor / Volunteer Programs

a. *Research Review of volunteering effects on the young volunteer:* Reviews some of the best researched volunteer service programs for adolescents and addresses three major questions: (1) What do existing data tell us about the effectiveness of community volunteer service programs in positively influencing the lives of the participants? (2) What do we know about why such programs work? (3) What are the most promising directions for future research and programming efforts to pursue? The review suggests that diverse, successful volunteer programs for adolescents, along with school-based support, are related to improvements in both the academic and social arenas. Specifically, volunteering relates to reduced rates of course failure, suspension from school, school dropout, improvement in reading grades, a reduction in teen pregnancy, and improved self-concept and attitudes toward society. The conditions under which the volunteering occurs, such as number of hours and the type of volunteer work, seem in some cases to be important to these outcomes, as does the age of the student volunteer.

For more information, see:
Moore, C. & Allen, J. (1996). The effects of volunteering on the young volunteer. *Journal of Primary Prevention, 17* (2), 231-258.

b. *Big Brothers / Big Sisters of America:* The Nation's oldest mentoring program provides screening and training to volunteer mentors matching them with "little brothers" and "little sisters" in need of guidance. Public/Private Ventures (P/PV) performed an 18 month experimental evaluation of eight of the programs focusing on social activities, academic performance, attitudes and behaviors, relationships with family and friends, self-concept, and social and cultural enrichment. The study reports that mentored youth were less likely to engage in drug or alcohol use, resort to violence, or skip school. In addition, mentored youth were more likely to improve their grades and their relationships with family and friends. The 1995 P/PV evaluation suggests that, compared to controls, participants were 70% less likely to initiate drug use, one-third less likely to hit someone, skipped fewer classes and half as many days of school, felt more competent about doing schoolwork, showed modest gains in their grade point averages (with strongest gains among the Little Sisters), and improved their relationships with both parents and peers.

For more information, see:
Grossman, J.B. & Garry, E.M. (1997). Mentoring -- *A Proven Delinquency Prevention Strategy*; U.S. Department of Justice - Office of Justice Program - Office of Juvenile Justice and Delinquency Prevention; http://www.ncjrs.org/txtfiles/164834.txt

Davis, N. (1999). *Resilience: Status of the research and research-based programs*. Substance Abuse and Mental Health Administration Center for Mental Health Services Division of Program Development, Special Populations & Projects Special Programs Development Branch. Phone: 301/443-2844.

Public/Private Ventures (1994). *Big Brothers / Big Sisters: A study of volunteer recruitment and screening*. Philadelphia: Public/Private Ventures.

c. *Juvenile Mentoring Program (JUMP):* This program administered by the federal Office of Juvenile Justice and Delinquency Prevention is designed to reduce juvenile delinquency and gang participation, improve academic performance, and reduce school dropout rates. It brings together caring, responsible adults and at-risk young people in need of positive role models. A 2 year evaluation suggests that strengthening the role of mentoring as a component of a youth program can pay dividends in improved school performance and reduced anti-social behavior, including alcohol and other drug abuse. According to parents and teachers familiar with the program, 30% of the youth who participated showed improvement in their school attendance, 30% showed academic improvement, 35% showed improvement in their general behavior, and 48% increased the frequency of appropriate interactions with peers.

For more information, see:
Grossman, J.B. & Garry, E.M. (1997). *Mentoring -- A Proven Delinquency Prevention Strategy*; U.S. Dept. of Justice, Office of Justice Program, http://www.ncjrs.org/txtfiles/164834.txt.

For program information, contact:
S. Bilchik, Administrator - Office of Juvenile Justice and Delinquency Prevention - 1998 Report to Congress.

d. *Volunteers in Maryland's Schools*: Community education programs sponsored by the Maryland State Department of Education were evaluated based on questionnaires completed by school principals and program coordinators on volunteer services to schools in Maryland. Results indicate that volunteer services were widely used throughout the school system in various ways, such as assisting teachers, providing support for administrative and clerical services, and tutoring students. School programs have been impacted positively by volunteer services, including an increase in resources for instructional programs, improvement in students' behavior, and more use of school facilities after regular school hours. Volunteer services were perceived as making a significant contribution to school programs.

For more information, see:
Michael, B. (1990). *Volunteers in Public Schools*. National Academy Press: Washington, DC.

Vassil, T.V., Harris, O.C. & Fandetti, D.V. (1988). The perception of public school administrators regarding community education programs sponsored by the Maryland State Department of Education. Baltimore, MD: Maryland State Department of Education.

e. *Volunteer Projects in San Francisco*

e-1 *Project Book Your Time:* This is a volunteer immigrant literacy project in which volunteers supplemented classroom activities by reading and listening to students. Some reading tutors were 5th grade students, others were adults. Test score data, as measure by the California Test of Basic Skills, showed that students in a school where the literacy project was implemented school wide (grades K-5) achieved greater gains in reading and language arts than students in a school in which only a few teachers participated. Both schools scored higher than control schools that did not have the program. Questionnaires showed positive reactions to the program by teachers and volunteers.

e-2 *Project Interconnections II:* This volunteer program is designed to increase high school students' oral proficiency in a foreign language by using volunteer college students in conversation. An independent evaluation indicated that the high school students were more confident and fluent in the foreign language at the end of the program and the college students were more likely to enter a career of foreign-language teaching.

e-3 *Project Math in Action:* Math in Action is a 3 year volunteer demonstration project where college students helped teachers implement cooperative learning and the use of manipulatives in mathematics. Improvements were seen in student problem-solving performance and attitudes toward mathematics.

e-4 *Project Think/Write:* Teachers and volunteers from businesses attend workshops taught by the Bay Area Writing Project. Business volunteers go into classrooms to help improve critical thinking and writing skills of middle and high school students as preparation for future employment. Data indicate positive impacts on students, volunteers, and teachers.

For more information, see:
Michael, B. (1990). *Volunteers in Public Schools*. National Academy Press: Washington, DC.

Armstrong, P.M., Davis, P. & Northcutt, C. *Year end and final evaluation reports, Project years 1985-1986 and 1986-1987.* San Francisco School Volunteers, San Francisco Unified School District, San Francisco, California.

f. *Senior citizen volunteers in the schools:* A grandparents' program of senior citizen volunteers designed to provide elementary school children access to caring, supportive senior citizens and provide opportunities for older adults to engage in meaningful activities in a school setting. Results reported support the value of for both children and adults.

For more information, see:
Michael, B. (1990). Volunteers in Public Schools. National Academy Press: Washington, DC.

Carney, J.M., Dobson, J.E. & Dobson, R.L. (1987). Using senior citizen volunteers in the schools. *Journal of Humanistic Education and Development, 25* (3), 136-143.

g. *Adopt-A-Grandparent Program*: This volunteer program in Miami, Florida involves local senior citizens and Dade County Public School students. Evaluation of the 1985-1986 program year reports that a favorable impact on all participating students' self-concepts and at-risk students' attitudes toward the elderly. Some positive impact was noted in senior citizen participants, particularly with respects to levels of depression, but these changes were not as consistently positive as were those noted for students.

For more information, see:
Michael, B. (1990). *Volunteers in Public Schools*. National Academy Press: Washington, DC.

Dade County Public Schools. (1987). *Evaluation of Adopt-A-Grandparent Program*. Miami, FL: Dade County Public Schools.

h. *Teen Line:* This teen-to-teen telephone counseling service focuses on troubled youth through peer counseling. Problems addressed include gang participation, use of weapons, youth arrests, AIDS, teen pregnancy, teen suicide, among others. Teen Line provides outreach, volunteer services, training programs, and statistics on service utilization. Between 1981 and 1992, the hot line serviced over 127,000 calls (in 1991 and 1992, over 33,000 calls were answered). When compared to a matched, non-volunteer peer group, Teen Line volunteers' level of social concern and empathy was significantly higher.

For more information, see:
Leader, E. (1996). Teen Line: A listening post for troubled youth. IN: *Group therapy with children and adolescents*. 311-328. Paul Kymissis & David Halperin (Eds.) American Psychiatric Press, Inc.: Washington DC.

i. *Teen Outreach Program (TOP):* This school-based program is designed for young people between the ages of 12-17 and is aimed at fostering positive youth development. Strives to create a non-threatening environment with the guidance of a caring adult to help young people thrive and develop positive self-images, learn valuable life skills, and establish future goals. In a ten-year evaluation of the program conducted by Philliber Research Associates, participants (compared with a comparison sample) demonstrated 8% lower rate of course failure, 18% lower rate of suspension, 33% lower rate of pregnancy, and 60% lower school dropout rate.

For more information, see:
Philliber, S. & Allen, J. (1992). Life options and community service: Teen Outreach program. IN: *Preventing adolescent pregnancy: Model programs and evaluations*. Brent C. Miller & Josefina J. Card (Eds.) 139-155. Sage Publications, Inc.: Newbury Park, CA.

For program information, contact:
Cornerstone Consulting Group, P.O. Box 710082, Houston, Texas 77271-0082, (215) 572-9463.

j. *DAYS La Familia Community Drug and Alcohol Prevention Programs:* This is a community-based alcohol, tobacco, and other drug (ATOD) prevention program that targets Hispanic families with high-risk youth from 6 to 11 years old. It attempts to reduce identified risk factors while building on culturally relevant protective factors. During its first year, the program enrolled 219 youths and their families using existing community network and aggressive outreach. Reported results indicate a 92% retention rate and over 80% attendance per session; in addition, families became more willing to discuss ATOD issues openly and made positive steps toward empowerment.

For more information, see:
Hernandez, L. & Lucero, E. (1996). DAYS La Familia community Drug and Alcohol Prevention Program: Family centered model for working with inner-city Hispanic families. *Journal of Primary Prevention, 16* (3), 255-272.

2. School-Community Partnerships

a. *Alliance School Initiative*: This is a community-based constituency in Texas aimed at working to strengthen schools by restructuring relationships among school and community stake holders. Partners include the Industrial Areas Foundation (IAF), the Texas Interfaith Education Fund, the Texas Education Agency, school districts, school staff, parents, and community leaders. School-community teams have developed neighborhood efforts to counter gang violence and ease racial tensions; introduced tutorial and scholarship opportunities; developed after-school and extended-day programs; and made changes in the curriculum, scheduling, and assessment methods.

For more information, see:
Melaville, A. & Blank, M. (1998). *Learning together: The Developing Field of School-Community Initiatives*. Washington, DC: Institute for Educational Leadership & National Center for Community Education.

b. *Avance:* This community-based early childhood program simultaneously focuses on two generations in an effort to motivate young children from low-income families to attend school. It began in San Antonio in 1973 and spread to over 50 sites. "Through weekly home visits, parenting workshops, and family support centers with on-site nurseries and top-notch early childhood programs, parents who have felt overwhelmed, depressed, and powerless gain control of their lives and radically change their own and their children's prospects." The program strives to help parents complete their informal education, improve their English, and sometimes control their anger. It also helps train and place parents in jobs. Reports indicate that it not only is useful for passing literacy from parent to child, but also helps reduce child abuse, mental health problems, and juvenile crime. In a population that had dropout rates of 70, 80, and 90%, long-term follow-up studies indicate that 90% of participating children graduate from high school and half go on to college.

For more information, see:
Shames, S. (1997). *Pursuing the dream: What helps children and their families succeed.* Chicago: Coalition.

c. *Be A Star:* This community-based after school program began in 1992 in an area of St. Louis where gang activity, child abuse and neglect were high, large numbers of families received AFDC, and the high school dropout was 52%. Evaluations of the 1994-95 program year indicate that compared to controls, those children (5 to 12-years old) who participated showed higher levels of family bonding, prosocial behavior, self-concept, self-control, decision-making, emotional awareness, assertiveness, confidence, cooperation, negative attitudes about drugs and alcohol, self-efficacy, African-American culture, and school bonding. (All effects were measured by the Revised Individual Protective Factors Index - RPFI).

For more information, see:
Davis, N. (1999). *Resilience: Status of the research and research-based programs*. Substance Abuse and Mental Health Administration Center for Mental Health Services Division of Program Development, Special Populations & Projects Special Programs Development Branch. Phone: 301/443-2844.

d. *The Jackson School:* This is a community-based, temporary placement behavior-modification alternative school serving 6th through 8th grades (ages 10-15 years). The school is designed to serve students whose disruptive behavior problems prevent them from functioning successfully in a regular classroom. As part of a larger state-wide evaluation of alternative schools, a case study was done including site visits, school tours, classroom observations, and interviews. Information was gathered from teachers, students, administrators, counselors, parents, and community members. Student and teacher perspectives of effectiveness were generally satisfactory. The site was seen as ensuring small classes, maintaining students' individual attention, supporting families in times of crisis, and helping students learn to negotiate their world by viewing them as part of a larger socio-economic system.

For more information, see:
Bauman, A. (1998). Finding experts in unexpected places: Learning from those who have failed. *High School Journal, 81* (4), 258-267.

e. *Merritt Elementary Extended School:* This school-based project was established to create a foundation for educational progress and student success. It is based on adult collaboration and on a nurturing and developmentally-oriented approach to student learning. The evolution of Merritt into a community of caring and involved people is believed to have enabled it to maximize the potential of both its students and staff. The school adopts the approach of developing the whole child as well as the stakeholders.

For more information, see:
Woodruff, D., Shannon, N.& Efimba, M. (1998). Collaborating for success: Merritt elementary extended school. *Journal of Education for Students Placed at Risk*, (1), 11-22.

f. *Beacon Schools (N.Y.):* These schools exemplify the move toward full-service schools and community-building. They target neighborhoods in which the first step in community building is to transform schools into community centers available to adults 365 days of the year. The program has expanded to 37 sites in New York, and initiatives are underway pursuing similar models in Chicago, Little Rock, Oakland, and San Francisco. Evaluative data are just beginning to emerge. Schorr (1997) notes that at one site, P.S. 194, "Academic performance at the school has improved dramatically, rising from 580th out of 620 city elementary schools in reading achievement in 1991 to 319th three years later. Attendance also improved, and police report fewer felony arrests among neighborhood youth." These results are attributed to the combination of school reforms, the Beacon's project efforts, and other city-wide efforts to address problems.

For more information, see:
Cahill, M., Perry, J., Wright, M. & Rice, A. (1993). *A documentation report of the New York Beacons initiative.* New York: Youth Development Institute.

g. *Young & Healthy:* This is a school-based health service program that is tightly linked to the community. It was developed by the Pasadena Unified School District (CA) and is comprised of volunteer doctors who are willing to provide services free of charge to uninsured children. During the first year, only 600 appointments were made. By the second year, 1200 appointments were made, and it was expanded to the entire school district. By its fifth year, there were 4800 appointments and over 400 doctors were on the referral list.

For program information, contact:
Pasadena Unified School District; Pasadena, CA.

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3. Economic Development

a. *Job Opportunities and Basic Skills (JOBS):* This is a program that encourages recipients to seek employment through improved education and training. A study of 158 students who had attended college in New York before the introduction of the program showed that almost 80% had been employed since graduation, and of these, almost 50% were earning over $20,000 per annum. In addition, while 62% were receiving welfare the year before entering college, only 17% were receiving it after graduation. Related studies conducted in five other states after introduction of the JOBS program revealed similar findings, with employment rates of 66-91% and slightly higher rates for those attending four-year colleges.

For more information, see:
Kates, E. (1996). Educational pathways out of poverty: Responding to the realities of women's lives. *American Journal of Orthopsychiatry*, 66 (4), 548-556.

Vosler, N.R. & Ozawa, M.N. (1992). A multilevel social systems practice model for working with AFDC JOBS program clients. *The Journal of Contemporary Human Services*, 18, 3-13.

b. *Pacoima Urban Village*: This program operates in a densely populated section of Pacoima, CA that includes over half of its population of over 60,000. The "village" is the focus of a socio-economic development strategy to help the community become financially independent and self-sufficient. It uses a number of strategies to fulfill its vision. These are designed to help villagers prepare to be competitive in the workforce, find jobs, and develop strong social and community interconnections. There also is a focus on improving the safety and appearance of each block within the village, helping businesses within the village to expand and become more financially lucrative, and helping new businesses develop. The village's Job Connection program, designed to match those looking for jobs with the job needs of employers, has been instrumental in helping over 130 villagers either find jobs or help them find the jobs themselves. The Job Connection program has registered over 800 villagers and has become a focal point for villagers looking for ways to work together and help each other.

For more information, contact:
Pacoima Urban Village, 13330 Vaughn St., Pacoima, CA 91340, (818) 834-1498, Fax: (818) 834-1492.

c. *Job Corps*: This is the nation's largest and most comprehensive residential education and job training program for at-risk youth, ages 16 through 24. Since 1964, it has provided more than 1.7 million young people with the integrated academic, vocational, and social skills training they need to gain independence and get quality, long-term jobs or further their education. It is a public-private partnership administered by the U.S. Department of Labor that has benefits for disadvantaged youth who attend the program, the communities where centers are located, and the employers and educators. Reports indicate that more than 75% of those who enroll in Job Corps become employed, obtain further training, or join the military. For young people who come from economically disadvantaged backgrounds, are high school dropouts, or read at an elementary school level, Job Corps offers an opportunities to become productive members of society. Those who complete training have the greatest chance of getting a better job and a higher wage.

For more information, contact:
Job Corps: 1-800-733-JOBS (1-800-733-5627), or visit their website at www.jobcorps.org.

(d) *Annie E. Casey Foundation's Rebuilding Communities Initiative (RCI):* As described by the Foundation, "This, a seven-year initiative of the Annie E. Casey Foundation, is designed to provide the supports needed to help transform troubled economically disenfranchised neighborhoods into safe, supportive, and productive environments for children, youth, and their families. The Foundation works in partnership with community-based organizations on comprehensive strategies to reverse social isolation and disinvestment in low-income neighborhoods. The RCI objectives are: (1) Maximizing the capacity and impact of neighborhood resources and institutions; (2) Establishing effective neighborhood-based human service delivery systems for children, youth and families; (3) Developing capable and effective neighborhood collaboratives to which governance authority could gradually be devolved; (4) Improving availability of affordable housing and improving the social and physical infrastructure of the neighborhoods; and (5) Increasing public and private capital investments in the neighborhoods.

Five communities were funded in 1994 as RCI sites. The lead organization for the rebuilding effort in each of the communities is the Foundation's grantee. They are:

>The Dudley Street Neighborhood Initiative (Boston, MA) for the Dudley Street Neighborhood in Roxbury, Boston.

>Germantown Settlement (Philadelphia, PA) for the Wister, Southwest Germantown, and Chew-Chelten neighborhoods in Germantown, Philadelphia.

>Marshall Heights Community Development Organization (Washington, D.C.) for neighborhoods in Ward 7 in Washington, D.C.

>NEWSED Community Development Corporation (Denver, CO) for the La Alma/Lincoln Park neighborhood in West Denver.

>Warren/Conner Development Coalition (Detroit, MI) for neighborhoods in the Eastside of Detroit.

Participating RCI communities are eligible for grants for three phases of the initiative. The first phase of RCI was a planning phase. The result of the twenty-one month planning process was a neighborhood consensus on a community building plan, and a framework for implementing agreed upon reforms, programs, and development projects over the course of the initiative. The second, and current, phase of the initiative is the three-year capacity building phase. The capacity building phase is intended to enable neighborhood leaders, institutions, and residents to: develop the skills and experience; build the partnerships; develop and refine the program interventions; and attract the investments needed to actualize the community transformation that they envision. The final three-year phase of the initiative will be the demonstration phase. Those organizations that are funded for this phase will refine and demonstrate exemplary neighborhood capacity in one or more of the RCI critical elements contained in their community building plans.

In all five of the local communities, our grantee has succeeded in establishing an environment where collaboration and integrated approaches to family-centered community revitalization are understood and highly valued by residents, other community organizations, local government, and others involved in the initiative. Each of the sites has completed a community-driven comprehensive community building plan and is making varying degrees of progress to develop the capacity to implement the plans. We have completed the first year of the three-year capacity building phase. A number of observations may be useful to illustrate the current progress and impact of the initiative, as well as provide insights about the nature of the community change process. At each site, a local neighborhood governance collaborative has been fully established and has given greater cohesion and an increased sense of comprehensiveness to the work of local initiatives. Each grantee has been able to establish forward moving momentum around the initiative and, as a result, is totally committed to successfully implementing the community building plan. The five communities have used this phase of the initiative to begin building and demonstrating capacity to advance their community building plans through organizational development, community research, leadership development, partnership building, and planning for improved services and development projects. They have engaged a broad cross-section of community stakeholders in these activities, thereby establishing shared ownership and a reservoir of good will. All of the lead organizations are planning for neighborhood-based human services delivery systems with full involvement of neighborhood residents, and particularly those residents who depend on the services as vital supports to reconnect with jobs and other forms of productive community life. The efforts of grantees at each site are leading to increased physical and social infrastructure improvements. In some instances, construction of new housing units are

expanding the overall inventory of affordable housing. In other instances, joint efforts are underway with local government to restore and retain affordable units for lower income families through extensive rehabilitation of the existing stock. Additional resources are also being brought into the neighborhood to help young families purchase their first home. In all of the communities, social networks are being strengthened through the intensive focus on new roles in community planning for neighborhood associations, religious, youth and civic groups. The communities have been able to attract capital investments to enhance the neighborhood revitalization. In some instances, new capital investments were made in the form of increased private lending for home buying and small business development, which will, in turn, create new job opportunities for residents. At one site, a new intermediary is being created to seek out new forms of investment and additional opportunities for strengthening the economics of the neighborhoods. Linkages with state and local governments to position the community for a role in system reforms must continue to be strengthened in all five communities. Building and strengthening relationships and capacities to take full advantage of opportunities to receive devolved functions continues to be a top priority." (February 17, 1999) http://www.aecf.org/initiatives/rci/rci3.htm

For more information, contact:
The Annie E. Casey Foundation, 701 St. Paul St. Baltimore, MD 21202 ph: 410-547-6600
fax: 410-547-6624 e-mail: webmail@aecf.org

ALPHABETICAL LISTING OF THE SAMPLE OF PROGRAMS

Programs Cited	*Table/ Appendix/ Section*
4-H After School Activity Program	B2h
5-A-Day Power Plus	A5b7
A	
Adaptive Learning Environments Model (ALEM)	B5a
Adolescent Alcohol Prevention Trial (AAPT)	C2b4
Adolescent Transitions Program (ATP)	E1a
Adopt-A-Grandparent Program	F1g
All Stars Program	C1g
Alliance School Initiative	F2a
Anger Coping Program	C1f1
Annie E. Casey Foundation's Rebuilding Communities	F3d
Are School-Based Mental Health Services Effective?	C1a
ASPIRA Lighthouse Program	B2a
ATLAS Community	IV
Avance	F2b
B	
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Barry-Gratigny School-Linked Services Program	C2a6
Be A Star	A.5a8, F2c
Beacon Schools (NY)	B2b, F2f
Behavioral Monitoring and Reinforcing Program	A2f
Big Brothers/Big Sisters of America	F1b
Book Your Time, Project	F1e1
Brainpower Program	C1f1
Bridge Program	B3c
Brief Research Synthesis on Cross-Age Tutoring Programs	A3d
Bullying Prevention Program	D3a5
Burke County Schools, NC	A1d
C	
California's Healthy Start	C1b
Career Education	B6b
Center for the Prevention of School Violence (CPSV)	D2b
Charter Schools	C2b2, IV
Child Development Project (CDP)	A2b, B4c, C2b2, E3a
Children of Divorce Intervention Program (CODIP)	A5a23
Cognitive Behavior Therapy (CBT)	C2a16
Cognitive Career Interventions	B6c

COMET Program (Children of Many Educational Talents)	B2f
Community of Caring (COC)	A5a17
Community-level Transition Teams	B5b10
Community Schools	IV
Conflict Resolution and Peer Mediation Projects (CR/PM)	D3a6
Cooperative Alternative Program (CAP)	A4a

D

DAYS La Familia Community and Alcohol Prevention Programs	F1j
Decker Family Development Center (DFDC)	C2a7
Development Asset Approach	A5a6

E

Early Childhood Programs for Low-Income Families	B1c
Early Childhood Programs on social outcomes and delinquency	B1d
Early Intervention for School Success (EISS)	E3e
Effective Behavior Support (EBS)	A2e
Effective Black Parenting Program (EBPP)	E3f
Effects of after-school care	B2c
Elizabeth Learning Center (Urban Learning Center)	IV
Enriching a Child's Literacy Environment (ECLE)	E3g
Even Start	B1e
Externalizing behaviors, social skills focusing on	C1f

F

Facing History and Ourselves: Holocaust and Human Behavior	A5a24
Families and Schools Together (FAST)	E3b, IV
Family Advocacy Network (FAN Club)	E3i
Family Intergenerational-Interaction Literacy Model (FILM)	E2b
Family Literacy Research Summary	E2a
Family Mosaic Program	C2a8
Family Skills Training Program	A5a19
FAST Track Program	A5a3, IV
First Step to Success	A5a14, D3a3, E3l
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G

Get Real About Aids	A5b2
Gimme 5	A5b8
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Good Behavior Game	A7a5
Good Touch/Bad Touch	D3c
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Growing Healthy	C2b10

H

Head Start	B1a
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I

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J

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K

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L

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M

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Mat-Su Alternative School (MSAS)	B6e
Mediation in the Schools Program	D3a10
MELD Young Moms	E1c
Memphis Partners Collaborative (MPC)	A3c
Merritt Elementary Extended School	F2e
Michigan Model for Comprehensive School Health Education	C2b13, D3a11
Midwestern Prevention Project (MPP)	C2b8
Milwaukee Project	B2j

Mother-Child Home Program (MCHP) E2c
Multidimensional Treatment Foster Care C2a12
Multisystemic Therapy C2a13

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New Jersey School-Based Youth Services Program (SBYSP) C2a1

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Positive Adolescent Choices Training (PACT) C2a10, D3a8
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Project Northland C2b5
Project Rebound D1c
Project STAR (Student-Teacher Achievement Ratio) A1e
Project Taking Charge C2a14
Projects Studying Cognitive-Behavioral Approaches in Schools C2a16
Promoting Alternative Thinking Strategies (PATHS) A5a4

Q

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R

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Research On Impact of Student/Teacher Ratios A1b
Research review of volunteering effects on the young volunteer F1a
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S

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U

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W

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Y

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We hope you found this to be a useful resource.
There's more where this came from!

This packet has been specially prepared by our Clearinhouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories:

Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards

Programs and Process Concerns

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)
- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics

Psychosocial Problems

- Drug/alcohol abuse
- Depression/suicide
- Grief
- Dropout prevention
- Gangs
- School adjustment (including newcomer acculturation)
- Pregnancy prevention/support
- Eating problems (anorexia, bulimia)
- Physical/Sexual Abuse
- Neglect
- Gender and sexuality
- Learning, attention & behavior problems
- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Reactions to chronic illness

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